Intimate Distance

Transnational Commercial Surrogacy in India

Kristin Engh Førde

Dissertation for the PhD degree,
Faculty of Medicine

UNIVERSITETET I OSLO

June 2016

To Lata, for rotis, biriyanis, trust and courage. About which no one taught me more.

Lata I

January 2013

"Kids happy – mummy happy!" Lata says to me.

I nod enthusiastically. I know exactly what she means. She and I have let our children loose on the playground in the park, seeing them go wild the way kids do when offered space and freedom. Our two sons on the swings. Her daughter helping mine on the climbing frame. Mothers seated on a bench, watching the children's happiness with pleasure, the way parents do.

"When I girl, I not play," Lata says, smiling her sad smile, going on to tell her sad story. I know it quite well by now. She has told it to me several times over the months we have known each other. The awful story about her "second father", the alcoholic stepfather beating her mother all the time, terrorising the family, not letting Lata and her sisters play. Once Lata started menstruating, she was not even allowed to leave the house anymore.

A few days ago, Lata took me to this house, her childhood home. Her younger sister Aruna, the biological daughter of Lata's "second father", resided in the house at the time. Aruna had gone there to escape her abusive husband and mother-in-law. We climbed hills and stairs to arrive at the tiny, gloomy, one–room home, making me realise why Lata is so proud of her current home: equally tiny, but with tiles on the floor, plaster on the walls, a window, a fridge. All of it was acquired using the money Lata earned giving birth to someone else's child a couple of years ago.

Lata told me she hated going to her childhood home, it filled her with sad feelings, made her remember those awful days. "I got my period, but I know nothing. When married only I learn how babies come," she tells me. Nobody had taught her, but all the same she knew that what her stepfather tried to do to her was wrong. It had already happened to her older sister, Sushma, and it had made her "mad", according to Lata. Lata had to get away and the only escape she could think of was marriage. But who would marry a girl from a family such as hers, neither wealthy nor respectable? At the factory where she worked there was a boy, some years older, with a nice face who was always joking with her. He was "handicapped", but Lata's friends told her she should consider him anyway. "My friend say his English good, so he can get good job."

But it wasn't Santosh's English that convinced Lata, she reassures me. She married him for his "good heart". Or maybe for his resolute action when Lata called him one day, telling him she urgently needed to get away. Her stepfather was being "bad-bad", drinking heavily, beating her mother like crazy, looking at Lata in a "very bad" way. Santosh came to the rescue and married her in a hurry. A "love marriage". Santosh's parents did not exactly object, nor did they give it their blessing. According to Lata, it was a matter of caste, that she belongs to a different caste, unlike the wives of Santosh's brothers.

Marriage, however, was not the safe haven Lata had hoped for. It turned out that Santosh, too, drank too much. Occasionally he beat her "for nothing". Some months into the marriage, when Lata was probably around 19 years old, she realised she was pregnant. "I very sad. Bad life in my father's house. Then bad life in my husband's house". Lata went to the beach, contemplating throwing herself in the sea to get away from it all.

"Then I remember: I can swim!" Lata says and makes a funny face. We both burst out in laughter at the idea of her trying to drown herself without being able to.

When the laughter turns silent, Lata continues her story. She tells me she decided there and then, crying by the seaside, that she would never kill herself.

"I remembered my baby. My *baby". She would forge on "for her baby".*

More than a decade has passed. Now Lata has two children to fight for. They rely solely on her as their father no longer manages to provide for them, much less helps them to attain a better life than their parents, which is what Lata desperately wants for them. For this reason, Lata decided to do "surrogate ka kaam", and she constantly contemplates doing it again, for the same reason.

"Santosh has no guts," she tells me, and adds with a proud smile,

"I have guts."

Acknowledgments

To all those who have shared their time, their stories, experiences, thoughts and feelings making up the very stuff of this thesis: My biggest thanks go to you for taking a leap of confidence, exposing intimate and vulnerable aspects of your life, a generosity and courage without which I could not have done this work at all.

Next, I would like to express my sincere gratitude to my fantastic team of supervisors Heidi Fjeld and Anne Kveim Lie. I have deeply appreciated your enthusiastic and critical scholarly engagement with this project as well as your warm, generous and accommodating support. For inspiring discussions, laughs and continuous encouragement: Thank you.

Extrastiftelsen and Institute of Health and Society, University of Oslo have funded the project. Special thanks to Elisabeth Swärd and Norwegian Women's Public Health Association for both their collaboration on the grant application and enthusiastic interest and support as the project has been carried out.

Colleagues at Institute of Health and Society have provided generous assistance, feedback and support, in particular Anne-Lise Middelthon, Reidun Førde and Johanne Sundby. The Institute's Section for Medical Anthropology and Medical History has been an inspiring intellectual environment and a warm and friendly workplace. Thanks to my Ph.D reading group consisting of Eira Bjørvik, Kristine Lillestøl, Rannveig Svendby, Solveig Laugerud and Ida Heiaas for highly appreciated feedback on some of the chapters.

For valuable advice on fieldwork strategies and ethics, practical support and useful contacts during my time in India, I thank Arima Mishra, Veena Poonacha and Amar Jesani. I also thank colleagues at the SNDT Women's University for their joint effort to find me a competent fieldwork assistant. Nausheen Khan assisted whenever my own linguistic skills were insufficient, but contributed far beyond translations, with her special mix of professional and personal skills. I could not have had a better companion in the field.

Thanks to the surrogacy clinic I have named Clinic A for letting me meet staff, clients and surrogates, and for allowing me to spend some time in their localities. I thank Surabhi Sharma and SAMA for giving permission to use their documentary *Can We See the Baby Bumb, Please* in parts of my fieldwork. I also thank Norwegian journalists Synøve Skeie Fosse and Mala Naveen for sharing contacts, experiences and advice helping me around in the field of transnational commercial surrogacy in Mumbai.

Thanks go to my current workplace Norwegian Centre for Violence and Traumatic Stress Studies (NKVTS), and in particular my project leader Arnfinn Andersen for generously providing me the required time and room to run the very last mile of this marathon.

Glenn Wright has provided very competent and thorough proofreading, making the very best of my academic English. I thank Marte Ericsson Ryste for saving me numerous desperate hours working on the literature list in the final phase, Odd Magnus Nilsen for help with anonymising documents and photos, and Mari Lundevall and Heidi Elisabeth Sandnes for lay out assistance.

To all my amazing, beloved friends and family: Thanks for your keen interest and relentless support, your practical help and for never losing faith that I would eventually finish and come back to you.

Finally, my gratitude goes to the ones who consented – more or less informed – to board this somewhat bumpy, yet enormously exciting ride with me. Jo: Although we are not crossing the finish line together, these pages could come into being only with your continued support and encouragement. For that I am forever grateful.

My children, Simen and Erle: For our past and future Indian adventures. For your endless patience and understanding. For filling my life with laughter and love, even on the toughest days. Thank you.

Tables of content

Prologue: “Tell them that we are very, very grateful for what they have given us”

Early morning, but it is already hot and humid in the Mumbai suburb. In a tiny one-room flat in a slum colony a young couple is getting ready to leave for a very important meeting at a foreign consulate in Central Mumbai. Both excited, a little bit nervous. “Will all the documents be ok? Will they let us see the baby?” Twenty-six-year-old Fatima combs and plaits her shiny, long hair, then applies white powder on her pretty, dark face. Despite the heat, she puts her black burka on top of the colourful, blingy shalwar kamiz as she always does before leaving the house. Her husband, Faroukh, wears his usual bright white and perfectly ironed shirt. They leave the house and walk along the muddy, rat-infested footpaths of the colony, soon reaching the more spacious main road leading to the train station.

Only a kilometre or two away, in a nicely decorated and comfortable 100 square-metre hotel apartment, another couple is preparing for the same meeting. The couple – two very tall, blond men in their forties – are rushing around to be in time. (I am seated in a corner, doing my best not to get in the way.) “Did you pack the bottles?” John asks. “Yes, but maybe he needs a new diaper before we leave,” George replies. Like most new parents, they tend to underestimate the time it takes to get ready to leave the house. They are also nervous about the massive amount of paperwork ahead of them and, maybe most of all, about meeting the hitherto-unknown person who, three weeks ago, gave birth to the little person waiting patiently in his stroller: Jacob, John and George’s first child.

Downstairs, outside the reception area, the uniformed hotel driver is waiting. He knows where to go, as he regularly transports foreigners and their newborn children to these meetings. We then all travel through the morning rush, the crowd, the noise and the dust kicked up by millions of Mumbai residents on the move between home and work or school. Fatima and Faroukh are crammed in with thousands of others in the second-class coach of the run-down and dirty – yet highly efficient – suburban train. We (John, George, baby Jacob and I) are duly secured with seat belts in the cool, quiet hotel car. We queue through the suburbs along the Western Express Highway, then through the narrow, crowded streets of Southern Mumbai. Around us is the city’s usual mix of wealth and destitution: skyscrapers next to slum huts, luxury vehicles sharing the road with bull carts, rich and poor breathing the same humid, heavily polluted air.

The luxury of AC aside, the car cannot beat the train in the Mumbai traffic; the train is faster as always. When John and George enter the consulate waiting lounge, pushing the baby in a stroller and dragging along the anthropologist semi-discretely in tow, Fatima and Faroukh are already seated in the huge leather sofa. "Oh, are you Fatima?" John exclaims. She smiles widely and nods with a smile, confirming that, indeed, she is. The two Scandinavians press their hands together and bow slightly, the gesture associated with the Hindu greeting Namaste. The two Muslim Indians do the same. Fatima's eyes, though, quickly seek out the stroller. Watching the foreign men's faces cautiously, she slowly walks toward the baby. She bends down to him, lifts the blanket that covers him, looks at his face, smiles, looks at these two foreign men again and puts the blanket down. She strokes the baby's cheek, watches him a little more, then looks at John and George again, still smiling. After what feels like an eternity even for me, one of the fathers finally asks, while pointing at Jacob then moving his arms as if cradling an infant, "Would you like to hold the baby?" Fatima does not even take the time to answer. She immediately picks up Jacob, clutches him in her arms, holds his face close to her own, her smile widening even more. George asks her to sit down and she does, without taking her eyes off the baby even for a second. Jacob is sleeping peacefully, unaware of the strong emotions at play of which he is the undisputed centre. I am seated in an armchair a little at the outskirts of the event. George comes over and sits down next to me. He sighs and smiles, and may even be wiping away what may be a small tear from the corner of his eye. "Wow. This is heavy. I am getting a little emotional," he says to me. I nod; I can see why he feels that way. Then he says, "He seems so calm and content in her arms. Does he know her smell? Do you think he recognises her?"

Well, does he? It has been three weeks since Jacob exited Fatima's body in a slightly premature, and hence unprepared, vaginal birth. Awaiting the arrival of his so-called intended parents, Jacob spent his first week in a hospital cot in the care of nurses. Meanwhile, in a nearby room in the same hospital, Fatima recovered from the delivery. She was not allowed to see the baby, and hearing baby cries from the next room, she constantly worried it was "her" baby who was crying, with no one there to take care of him. Every day she asked the hospital staff about the parents, "Are they here yet? Have they come for him?" After a week Fatima finally received reassurance. Though still missing him, she was relieved to know that the little boy, who came from her but was not meant for her, was no longer alone in the world.

Back in their small Scandinavian town, John and George were themselves taken by surprise by the premature birth. On notice from the Mumbai clinic that their son had been born, they booked the earliest possible flight for the capital in order to head from there to Mumbai. While waiting to go, they were in frequent telephone contact with the hospital staff, asking about the baby and about Fatima, sending their regards to a woman they had never met, but who had carried and delivered their son, the child they had for years been longing for.

By the time of our encounter at the consulate, almost a year has passed since John, George and Fatima – without ever meeting – had signed the contract in which she agreed to carry and give birth to their baby for INR 275 000[1] *in compensation. Ten months since the embryo who turned out to be Jacob – made by sperm from George and an egg from an Indian woman, about whom they knew nothing but blood type, age, weight and height – was implanted in Fatima's womb. Months of waiting. Fatima have spent them longing for the joyful moment when she would be reunited with Faroukh and their ten-year-old son, who was told his mother was out of town and who would cry on the phone begging her to come home. This impatience has been mixed with the emotion of dreading the inevitable moment of separation when the baby would leave her to go with the complete strangers who were going to be its parents, possibly never to be seen again. Fatima knew very little about these parents. When signing the contract at the clinic, she noticed that there was only one photo among the attachments, of a blond man. "If there is no photo of a lady, that means the parents are two men," a fellow surrogate had told her. Fatima found that strange; she had never heard of such a thing. However, she knew everything was different abroad, that they might be good people anyway. And, hopefully, they would be rich enough to hire a nanny to take care of the child.*

John and George have also been impatient and nervous. They have decoded monthly medical reports and ultrasound images and worried about HCG-levels, struggling somehow to fully grasp the meaning of the news they have been sharing with those around them: "Our child is growing in a womb in India. We are going to be parents." And they have been thinking about

[1] Approximately EUR 4 000.

the woman who is bearing their child, hoping that the realisation of their dream does not take too heavy a toll on her.

Ten months of sharing somehow, yet ten months of immense distance, in more than one sense. Now, for the first time the physical distance has been removed. Other forms of distance remain to be overcome: How to communicate? How to understand? How to relate? Conveniently, Nausheen, my assistant, enters the room, providing the opportunity to overcome the linguistic gap. She is immediately given the task of translating. "Tell them that we are very, very grateful for what they have given us. It is the gift of life. The biggest of all," John says in a solemn tone, his face friendly but serious. Nausheen conveys this and Faroukh listens attentively. Fatima still seems unable to take her eyes off Jacob. Faroukh says a few words in return, Fatima nods to signal agreement. Nausheen translates for John and George: "They thank you, too." More expressions of gratitude are offered: "for the baby, the healthy and beautiful baby," John says, adding, "Please tell them we are highly educated and have good jobs. We will take good care of the baby and give him a good life." Fatima and Faroukh nod and smile a little shyly, in a manner typical for lower-class Indians interacting with more wealthy and powerful people. John and George, also not entirely at ease, nonetheless lead the conversation, asking questions, commenting on the baby, adding slightly nervous little laughs now and then.

After some time, the consulate secretary calls them all into the conference room to address what they have really come to do. A DNA test – determining the genetic link between George and Jacob – is conducted. Documents that seek to transfer parenthood of Jacob from Fatima and Faroukh; currently the legal parents according to the law of George's home country, to George, the genetic father, are to be signed by all three of them. Once the papers are signed, a number of weeks will pass before Baby Jacob's passport, proving his citizenship of his intended fathers' country, will be issued. The couple will return to Scandinavia as parents, as a nuclear family. Fatima will go back to her Mumbai suburb, hoping her life, too, will change for the better.

The paper work completed satisfactorily, everyone seems relieved, seated in comfortable chairs around a huge table. The consulate staff leaves the room, inviting everyone else to stay for another while if they so wish. Even Nausheen and I, who have been waiting outside during

the meeting, are allowed to enter. Fatima keeps Jacob in her arms. He is getting a little fussy. She cradles him, shushes, but makes no sign of wanting to hand him over to the dads who are observing, ready to take over. George prepares a milk bottle and gives it to Fatima, who starts feeding the hungry baby.

Harmony restored, John asks Nausheen to translate again. Then he says: "Fatima and Faroukh, again thank you for everything you have done. We think of you as family now, our Indian family. And it is important to us that you are well and healthy. Please know that you can always come to us if you have any problems." Nausheen looks at him a little doubtful: "You mean financial problems?" "That too. Anything!" Nausheen translates. Fatima´s face beams with pleasure hearing the translation. "We hope that when the baby grows up, we can bring him back here, to know his culture and to know his Indian family…" John says. Fatima and Faroukh smile and nod.

"You know, I was happy to realise this relationship is about more than money," George says to me back in the car. "I believe we have been lucky with Fatima. I don't think she did it for the money alone." They had handed Fatima an envelope with a generous bonus at the consulate. They figured that additional money would be the preferred token of their gratitude. But does that really reciprocate what she has given? Does anything at all? They're not sure.

"I remind myself that we got together out of desperation," Fatima says to me a week later when I ask her how she copes whenever she misses Baby Jacob. The deal was that they were desperate for what she had: the ability to carry a baby. Fatima and her husband were desperate for what they had: money. It was desperation that led them all to cross boundaries and find themselves in new territory. She did it out of desperation and not love. Yet, love became a part of it. Fatima was happy to find out Jacob has such a nice family. She will not worry about him, but she will miss him; he is her son after all.

"We will always remember him. Wherever he is, I just hope he is alright."

Introduction

Transnational commercial surrogacy in India – the topic for this thesis – may already be history. On 27 October 2015, an affidavit to the Supreme Court of India under the Indian Government elected in 2014, led by the high-profile Hindu-conservative, Narendra Modi, stated its non-support of commercial surrogacy. Subsequently, a notice was sent to Indian fertility clinics ordering an immediate halt to surrogacy services to foreign citizens. While domestic surrogacy arrangements are still allowed, without commissioning parents coming from abroad commercial surrogacy is no longer the big business it was at the time this study was initiated and conducted. The sudden halt to the transnational traffic occurred after more than a decade of explosive growth. India's first baby born from gestational surrogacy was delivered in 1994, but it was not until 2002 that the commercial surrogacy business started accelerating after a Supreme Court verdict stated that surrogacy agreements were enforceable, thus legalising the practice. Worldwide, surrogacy in India gained increased attention from 2007, the onset often attributed to talk show host Oprah Winfrey featuring a US couple pursuing surrogacy in India (Smerdon, 2008). Seven years later, the Confederation of Indian Industry (CII) calculated surrogacy to be an industry worth USD 2.3 billion annually.[2] Fertility clinics providing treatment flourished in urban India over the years to come, but no official records of their exact numbers or activities have been registered.[3] Thus, the precise number of children born to surrogates[4] in India is unknown, but in 2012 the number was estimated at 25 000 (Shetty, 2012). A more recent estimate puts it at 2 500 to 4 000 surrogacy

[2] http://indiatogether.org/what-surrogate-parenting-entails-in-india-laws/ Accessed 23.03.2015.

[3] Work on such registers was, however, reportedly in progress from 2013 and onwards.

[4] In this thesis, I have chosen to use the word *surrogate* about the women who carry and give birth to babies on behalf of others, as I find it a more neutral and precise term than *surrogate mother* which is also sometimes used. *Surrogate motherhood* will, however, be used sometimes when referring to the act and experience of conceiving, carrying and giving birth to a child within a surrogacy arrangement. It has been argued that the choice between surrogate and surrogate mother is assigned great strategic and political importance in this field, as the choice indicates how the relation between the surrogate and the child is interpreted. In my experience, however, very little attention was paid to such a distinction by those participating in surrogacy in India. As will become evident throughout this thesis, the two terms were used interchangeably by surrogates and commissioning parents, as well as by clinic personnel and in official documents. About the couples and individuals commissioning surrogacy, I use both *commissioning parents* and *Intended Parents*. The former is usually chosen when referring to this group in general, while I use the latter, or the common abbreviation *IPs,* when referring to the commissioning parents participating in this study. While commissioning parents is often used in the research literature, Intended Parents is the preferred term in the field, in my experience. The surrogates I met in Mumbai often referred to "their" Intended Parents as "clients", and I will thus sometimes use this term when referring to IPs in relation to surrogates.

cycles per year.[5] Numbers on the proportion of transnational arrangements are also unavailable, but have been assumed to be at least 50 per cent (ibid.). During the peak years, thousands of couples and singles from the US, Spain, Scandinavia, Australia, Israel, Ireland and the UK, among others, travelled to India to produce embryos, contract a surrogate to carry it to term and later pick up a baby. Some of them were so called Non-Resident Indians (NRIs), i.e. individuals of Indian origin living in other countries. Others travelled from my own little corner of the world. Between 2009 and 2013, the heyday of Scandinavian surrogacy traffic to India, somewhere between 350 and 500 children were born to Scandinavians as a result of a commercial surrogacy agreement in India. Though the numbers might not be overwhelming, Scandinavians' use of commercial surrogacy in India evoked great interest and controversy in their home countries. My fieldwork took place in 2012 and 2013, i.e. the peak period of surrogacy travel between Scandinavia and India. This was also the period when the topic was most hotly debated.

Why India? Many of the foreign commissioning parents were skirting strict legislation in their own countries; commercial surrogacy arrangements are either totally or partially prohibited in most countries in the world. The "bioavailability" (Cohen, 2008), or potentialisation (Vora, 2013, 2015), of fertile, healthy and willing women has been pointed out to be one of the factors making India the international hub for commercial surrogacy. The rich supply of such cheap reproductive labour contributed to short waiting periods and relatively low costs for commercial surrogacy. At the time of my fieldwork (2012– 2013) a commercial surrogacy arrangement in India cost around one-third of that in the US, the main destination for transnational surrogacy in the West.

The growth of the commercial surrogacy business in India from 2002 and onwards must also be understood in the context of globalising capitalism, as well as the liberalisation of the Indian economy, initiated in 1991, when economic restructuring processes gradually ended the postcolonial Nehruvian planned-economy era (Neveling, Strümpell, & Münster, 2014). Radical policies of economic liberalisation, highly influenced by global financial institutions (often labelled "neoliberalism"), opened the economy to private capital and also opened up access to new corporate sectors for the bourgeoisie (ibid). One of these sectors was that of

[5] http://indiatogether.org/what-surrogate-parenting-entails-in-india-laws/ Accessed 23 March 2015.

health services. The government's desire for foreign currency and a favourable balance of trade has progressed along with privatisation of the health sector, leading to the policy for facilitating and enhancing so-called *medical tourism*, building India as a global destination for health services in general (Chinai & Goswami, 2007; Qadeer & Reddy, 2013; Whittaker, 2008). This policy, including infrastructural improvements, tax concessions and new regulations making a long-term visa more easily available for foreign patients (Chinai & Goswami, 2007), has proven very successful. The industry was expected to grow at an annual rate of 27 per cent and to reach US 3.9 billion by 2015, compared to USD 1.9 billion in 2011.[6]

Thus, coinciding and mutually reinforcing processes of liberalisation and globalisation have led to the growth of assisted reproductive technology (ART) services in India since the mid-1990s (Qadeer, 2010; Qadeer & Reddy, 2013). Due to a rise in infertility rates, combined with the growing number of gay[7] couples forming nuclear families in Western countries, the global demand for technological intervention in conception and gestation is increasing. In terms of reproductive technology, India has kept pace with the Western world right from the start. The first Indian test-tube baby's birth was reported a few months after the very first baby via In Vitro Fertilisation (IVF) was born in England in 1978 (Bharadwaj, 2002). Although providing fertility treatment has not been a political priority and, hence, largely unavailable to the Indian population, the private health sector has developed high-quality facilities and very qualified personnel. Despite such a high quality of services, prices are kept low, hence the slogan designated to attract medical tourists: "First-World treatment at Third-World prices" (Sengupta, 2011).

Despite more than a decade of booming business, commercial surrogacy has remained unregulated in India. The lack of regulation has caused, and continues to cause, uncertainty and risk for all actors involved, but also provides both clinics and customers with

[6] http://www.thenational.ae/business/economy/medical-tourism-indias-prescription-for-growth/ Accessed 25 March 2015.

[7] I will use the term *gay* for homosexual couples and singles travelling to India for surrogacy. I prefer gay to *same-sex* as it also includes those who were not in a couple. I also prefer gay to *homosexual* as it is closer to both my own everyday language and that of the study participants. I do, however, use *heterosexual* rather than *straight*, as the latter is much less incorporated in common language than *gay*. Searches for different combinations of these terms in literature databases such as Web of Science and Google Scholars indicate that the combination *gay* and *heterosexual* is in fact the most common choice of terms among researchers in this field.

considerable freedom and flexibility (Vora, 2009). It is reasonable to assume that such flexibility contributed to the popularity of India as a surrogacy destination for foreigners. A bill for a comprehensive law was submitted to the parliament in 2010 and is still pending approval (January 2016). Furthermore, it has been argued that this pending bill, although providing legal regulation, is largely a free-market document with limited concern for ethics and the protection of surrogate rights (Vora, 2015). The Indian Council for Medical Research (IMCR) issued *Guidelines for ART clinics in 2005* (revised in 2010[8]). However, disregarding these entails no legal sanctions for the clinics. The mentioned notice issued in October 2015, banning transnational contracts, only addresses the eligibility of commissioning parents (limited to infertile and married couples with Indian citizenship).

In the years up to the 2015 ban, more moderate measures were taken to increase control over transnational surrogacy through visa regulations. In a circular from July 2012, clinics were made responsible for ensuring that their international clients carried a medical visa to India. At the same time, medical visas for this purpose were restricted to infertile heterosexual couples married for at least two years from countries which "approved" of commercial surrogacy. These rules excluded all foreign single men and thus gay couples, as well as citizens from a whole range of countries, among them the Scandinavian countries. Subsequently, transnational traffic had already declined considerably between 2012 and 2015, before it was abruptly halted towards the end of 2015. This somewhat unexpected turn of events has been understood in the context of a broader ideological agenda of the ruling party, Bharatiya Janata Party (BJP) which, although decisively dedicated to neoliberal economic politics, promotes largely conservative and Hindu nationalist ideas in the realm of sexual, gender and family politics. However, it is unclear whether or not this has settled the fate of transnational commercial surrogacy in India once and for all. A counter-response from the ART sector and promoters of medical tourism in general may be expected in the years to come, making the long-term outcome an open question at the time of writing.

My interest in transnational commercial surrogacy in India was conceived almost by coincidence. In 2008, pregnant with my second child, I occasionally frequented online forums on pregnancy and motherhood. Here I stumbled upon so-called *sub forums* for "Adoption and

[8] http://icmr.nic.in/guide/ART%20REGULATION%20Draft%20Rules%201.pdf Accessed 30 March 2016.

Surrogacy", featuring posts in which women shared their experiences with surrogacy abroad. I was surprised and intrigued to learn that some of these travelled to India, a fact largely passing under the public radar in my home country at the time. A couple of those who posted to these forums shared detailed, first-hand chronological stories, told post-by-post and in real time as they evolved. Initially, the narratives were centred on hardships such as infertility, miscarriage, IVF-failures, cancer and aborted adoption processes, and then they evolved into stories of opportunities, hope, success, expectations and then finally – parenthood, immense gratification and satisfaction. Somewhere, in the background of these stories, was featured an Indian surrogate, usually nameless and vaguely portrayed. The surrogate, I learned, was motivated by the prospect of "a new life", i.e. money to buy a nice house and pay for high-quality education for their children as the ultimate reward. As a feminist anthropologist and a person busy creating my own family, I was deeply fascinated by the depictions of this phenomenon – touching upon so many issues close to me at the time. I kept following the narratives closely, and continued to read about surrogacy more generally in the years to come.[9] Spending six months with my family in Southern India for other purposes in 2010 further deepened my interest in India as a context for commercial surrogacy, motivating me to conduct preliminary research and develop this project while I was there. Who were the Indian women having babies for strangers? What made Western couples choose to locate their reproductive projects in a place and society so far from everything familiar? And not least, what kinds of social connections were formed through an arrangement spanning not only a huge geographical distance, but also social gaps and cultural barriers?

My deeply felt and persistent fascination with surrogacy is not unique. Its origin reportedly dates back to biblical times[10] and the subject continues to move, intrigue, provoke and puzzle people, indicating the extent to which it touches upon fundamental ideas of what is "natural" and morally acceptable. The late modern form of surrogacy, gestational surrogacy, involving In Vitro Fertilisation (IVF), forms part of the hugely transformative technological innovation usually called Assisted Reproduction Technologies (ART). Gestational surrogacy, i.e. where

[9] However, such semi-public forum narratives gradually went "underground" (i.e. were deleted or moved into closed forums) as public attention (and outcry) surrounding commercial surrogacy grew stronger from 2010 onwards.

[10] The biblical example most often referred to is that of Abraham and Sarah, who had a child by Sarah's slave Hagar, as Sarah herself could not conceive.

conception happens through IVF and ova are provided by the social mother or an egg donor, is often grouped together with particularly challenging biotechnological practices, such as cloning and stem cell research (Levine, 2008). Technologically speaking, however, it is only marginally more advanced than IVF itself.[11] Rather, what makes gestational surrogacy, in particular its transnational form, so complex and controversial are its complex implications in terms of sociality, affecting individual parent-child relations as well as gendered and racialised class relations, potentially transgressing fundamental moral categories. It has been suggested that the culturally and socially transformative powers of ART, including surrogacy, stem from its effect of separating a series of connections that are, or have been, seen as "natural": procreation from sexual intercourse, the ovum from its body of origin, biological parenthood from social parenthood, genetics from gestation, gestation from nurturing and parenthood/family formation from heterosexual couples, displacing many of the most deeply taken-for-granted assumptions about "natural" reproduction (Franklin & Ragoné, 1998). According to Inhorn and Birenbaum-Carmeli (2008), ART have "diversified, globalized and denaturalized taken for granted binaries of, inter alia sex/procreation, nature/culture, gift/commodity, informal/formal labor, biology/sociality, heterosexuality/homosexuality, local/global, secular/sacred, and human/nonhuman" (178). Addressing several anthropological core themes, it is hardly surprising that, since its emergence in the 1970s and 80s, ART have been subject to a rich body of anthropological literature, drawing the attention of scholars from numerous fields, such as technologically oriented anthropology (Davis-Floyd & Dumit, 1998; Franklin, 2013), reproduction and infertility (Franklin & Ragoné, 1998; Ginsburg & Rapp, 1991; Inhorn, 2011; Inhorn & Balen, 2002a; Sandelowski & de Lacey, 2002; Thompson, 2002, 2005), and kinship more specifically (Edwards, Franklin, Hirsch, Price, & Strathern, 1993; Edwards & Salazar, 2009; Strathern, 1992, 2005). Anthropologists have also explored and documented how ART are used and practiced in diverse settings around the world (Bharadwaj, 2002, 2006; Handwerker, 2002; Inhorn, 2000; Kahn, 2002; Whittaker, 2015)

For some scholars, technological aspects have remained the focus of interest. Scholars of Science and Technology Studies (STS) have seen ART as a key lens to study the interrelationship between science and technology (Inhorn & Birenbaum-Carmeli, 2008),

[11] The first successful case of gestational surrogacy was reported in 1985, only a few years after the birth of the first "test-tube baby" (Utian, Sheean, Goldfarb, & Kiwi, 1985).

following the technological progress from IVF to increasingly advanced innovation such as stem cell research and cloning (Bharadwaj & Glasner, 2008; Franklin, 2007, 2013). My interest is in the social and cultural implications when ART, and thus a segment of human reproduction, are offered in a market. Commercialisation of ART challenges another set of categorical divides such as public-private, commerce-reciprocity, money-love (Levine, 2008; Markens, 2007).

When markets for ART become transnational, additional questions are raised. As mentioned, of particular interest to me in the case of transnational commercial surrogacy in India were the effects of social, cultural and geographical *distance*. While surrogacy in the West, too, largely rests on class inequality and commercialisation (Markens, 2007; Ragoné, 1994; Teman, 2010), the gap created by the matching of Western middle-class couples with predominantly Indian lower-class women was not only larger, but also more complex. It is a distance constituted by class and commercialisation as well as by postcolonial, gendered and racialised relations of difference (Vora, 2015).The connection between surrogates and IPs, as I see it, was a configuration of intimacy, constituted by the nature of what was exchanged on the one hand, and multidimensional distance constituted by its organisation on the other. Such an *intimate distance*, I hold, is novel and particular to the recent forms of transnational commercial surrogacy, of which the Indian form has been the most prominent example so far, and a fundamental premise for the practices and relations explored in this thesis.

The huge and complex field of transnational commercial surrogacy in India has been explored and illuminated by scholars ranging from bioethicists (Deonandan, Green, & van Beinum, 2012) to lawyers (Smerdon, 2008; Stephenson, 2009), from a multitude of perspectives, such as human rights (Stark, 2011-2012), reproductive health (Whittaker, 2010, 2011) and social work (Palattiyil, Blyth, Sidhva, & Balakrishnan, 2010). As an anthropologist, mine is an empirically informed analysis of social and cultural aspects of transnational commercial surrogacy, with ethnography as my method. As a feminist nursing a theoretical interest in intersecting relations of power, I was particularly concerned with how class, gender and racialised power relations were reproduced and potentially challenged by the arrangement.

Essentially, my initial interest was in a feminist evaluation of what was going on, reflected in the working title of this study - *Win-win or Exploitation?* - which was developed in the fund-

seeking phase. This was a deliberate echo of the polarised public debate in Norway at the time, in which "win-win" and "exploitation", respectively, represented two presumably mutually exclusive positions. "Win-win" was the interpretation of transnational commercial surrogacy arrangements in India as beneficial for everyone involved, i.e. a fortunate coming-together of people pursuing respective and mutually served self-interests (in procreation and money, respectively). The "exploitation" stance emphasised the unequal relations of power at play, suggesting that Indian surrogates, rather than choosing and benefitting from surrogacy, were "exploited", i.e. coerced into and harmed by the process. As part of my grant proposal I argued that an empirical study was needed to inform this discussion as to whether we were in fact dealing with "win-win" or "exploitation". Not very surprisingly, we will see that such an investigation, rather than answering the question, provides grounds for questioning its terms. Neither of the simplistic alternatives fit the complexities of what was going on in my field.

Ethnographic research on commercial surrogacy in India has emerged along with the industry (Deomampo, 2013a, 2013b, 2015; Pande, 2009a, 2009b, 2010a, 2010b; Rudrappa, 2015; Rudrappa & Collins, 2015; Saravanan, 2013; Vora, 2009, 2011, 2014), though the body of literature remains paltry compared with that on surrogacy in the West. Sociologist Amrita Pande conducted what seems to be the very first in-depth study, based on long-term fieldwork at a surrogacy clinic and a surrogacy hostel in Anand, Gujarat in 2006. Focusing mostly on the surrogates, Pande has analysed surrogacy as work rather than a moral dilemma (Pande, 2010c), and explored the stigma attached to such work (Pande, 2009b, 2010a), conceptions of kin relations (Pande, 2009a, 2011) and the disciplining of surrogates as mothers and workers at the same time (Pande, 2010b). Including data from additional fieldwork in 2011, Pande republished her work as a book in 2014 (Pande, 2014). Anthropologist Daisy Deomampo's PhD study builds on extensive ethnographic fieldwork on commercial surrogacy in Mumbai conducted in 2008 and 2010. Deomampo explores issues of agency through approaches such as space (Deomampo, 2013a) and race and kinship with reference to states and nations (Deomampo, 2015). Anthropologist Kalindi Vora conducted ethnographic fieldwork at a surrogacy clinic in Northern India in 2008. Vora analyses the biological and affective work of the surrogates as "vital energy" being consumed by clinics and commissioning parents (Vora, 2009), and the construction of the surrogate's womb as a "surplus" as an example of how life becomes abstracted as a commodity in global market processes (Vora, 2011). In another article, Vora explores how the ART clinic works to separate social relationships from

reproductive bodies in its surrogacy arrangements and how these efforts both produce and attempt to prevent new social relations (Vora, 2014). In the book *Life Support* (Vora, 2015), she explores commercial surrogacy, along with so-called call centre agents and information technology professionals, in a discussion on how forms of Indian labour support life in the West at the expense of the lives of people in India. Vora thus provides an understanding of commercial surrogacy in the context of neoliberal globalisation shaped and produced by a historical colonial division of labour (Vora, 2015). Other feminist scholars, too, have convincingly argued the impact of global, gendered and racialised power relations of globalised capitalism and neoliberal politics on transnational commercial surrogacy (DasGupta & Dasgupta, 2014; Qadeer, 2010). Sharing the view that this is the context in which transnational commercial surrogacy in India should be understood, I consider my work a contribution to the feminist debate on the subject.

However, unequal power relations within transnational commercial surrogacy in India have mostly been explored from the perspective of the surrogate (DasGupta & Dasgupta, 2014; Deomampo, 2013b; Pande, 2009b, 2010a, 2010c; Saravanan, 2013; Vora, 2011, 2014). How such relations are experienced by commissioning parents from abroad has largely been left unthematised and unexplored (Majumdar, 2014). An exception to this is the work of Deomampo (2013a). Examining what she refers to as *gendered geographies,* i.e. how actors embody and experience power relations through space and movement, Deomampo argues that both commissioning parents and surrogates shift between mobility and immobility as part of their surrogacy process. This, Deomampo contends, challenges a dichotomous portrayal of parents and surrogates as "exploiters and exploited" or "agents and victims". On a similar note, though with a very different analytic approach to which I will return, I wish to add to this picture a close-up exploration of how partaking in commercial surrogacy in India is experienced by both surrogates and commissioning parents.

In this undertaking, I am inspired by Cohen's (1999) work on organ transplantation in India. Cohen challenges two oppositional ethical evaluations of this practice to a large extent mirroring "win-win" and "exploitation". The first one, a priori, presumes such an exchange to be beneficial. The other – equally a priori – "jumps into purgatorial ethics of alarm and remorse" (ibid.:144). Cohen argues that "Both the straw-man paternalist and the rationalist operate through a particular logic of deferral, what I have framed as a persistent writing

before the fact" (ibid.145). Similarly, I contend that both "win-win" and "exploitation" are normative evaluations mostly based on principles and assumptions rather than empirical accounts of what is going on. While the "win-win" is problematic mainly because it fails to account for the impact on global, gendered and racialised inequality in markets, "exploitation", I hold, attributes too much explanatory power to such unequal power relations. Inequality does not in itself explain why people do what they do. Moreover, a simplistic portrayal of participants as either "exploiters" or "exploitees" fails to grasp the complexities, nuances and contradictions of how such relations are played out and experienced.

Exploring power beyond "exploitation", i.e. accounting for motivation as well as how meaning is made, decisively implies an attention to *subjectivity* as Ortner (2005) understands it: "the view of the subject as existentially complex, a being who feels and thinks and reflects, who makes and seeks meaning" (33). Ortner argues that the question of subjectivity is crucial to social theory, both theoretically and politically:

> *In part of course it is important because it is a major dimension of human existence, and to ignore it theoretically is to impoverish the sense of the human in the so-called human sciences. But it is also important politically (…). In particular I see subjectivity as the basis of 'agency', a necessary part of understanding how people (try to) act on the world even as they are acted upon. Agency is not some natural or originary will; it takes shape as specific desires and intentions within a matrix of subjectivity – of (culturally constituted) feelings, thoughts, and meanings. (33-34)*

Inspired by this call from Ortner, I will make the Intended Parents' (IPs) and the surrogates' motivation and meaning-making my starting point in understanding structural power: Why did the surrogacy participants do what they did, how did they understand their options and actions and what did all this have to do with power? While surrogacy cases gone wrong attract great public interest whenever they appear, to me it was more striking how smoothly things worked in this largely lawless territory. Even those who might have an interest in opposing the terms seemed to act according to them, making sure the vast majority of surrogacy cases ended in the delivery of a healthy baby to the parents who had commissioned its procreation. It is the fact that it worked so effectively that calls for an explanation, I hold, not the rare cases of the opposite. Essentially, my discussion explores motivating and meaning-making understandings about the practice of transnational commercial surrogacy and its relational implications.

Issues of morality, I will argue, were at the heart of both motivation and meaning-making. The projection of surrogacy as "win-win" coincided to a large extent with the Indian surrogacy business's own legitimatising narrative, closely linked to neoliberal ideology and utilitarian ethics, insisting on the legitimacy of bringing reproduction into the market, and the right, ability and inclination of every individual to pursue self-interest through the autonomous management of one's resources, including one's body (Kroløkke & Pant, 2012). This narrative assumes a freedom of the market that allows everyone to pursue their interests, somehow neutralising the potential issue of the unequal relations problematized by the "exploitation"-critique. However, while the "win-win" image prevails in the self-image of the Indian surrogacy industry, and was activated by both commissioning parents and surrogates to legitimise their own actions, it was also constantly questioned and supplemented with other ways of understanding the exchange and its relational aspects and implications. Over the course of my fieldwork, I was frequently struck by the moral discomfort felt by both IPs and surrogates, unresolved by the neo-liberal notion of "win-win", addressed by persistent grappling with the perceived dilemmas. Such moral discomfort suggests that legitimisation could not be achieved by merely adopting the ideological superstructure consistent with one's actions, indicating both how neoliberal expansion causes resistance and vulnerability, and the complexity of how people experience and understand power in relations they engage in – or disengage from. Morality, and ethical negotiations, reinterpretations and considerations, thus, forced their way to the forefront of my analysis.

Thematising morality is not in itself an original move in this field. Ethical dilemmas and challenges are addressed almost routinely in the literature on commercial surrogacy in general, and in India in particular (Humbyrd, 2009; Kumari, 2013; Saravanan, 2013). In a more recent work, Rudrappa and Collins (2015) examine how market actors justify their pursuits through particular moral framings of commercial surrogacy, framings akin to the «win-win» narrative. Some scholars have called for less focus on ethical aspects, and suggest that surrogacy should instead be understood as part of the global labour market (Pande, 2010c). Pande criticises the ethics-oriented approach to surrogacy for being Eurocentric. Defining surrogacy as work and ensuring surrogates' rights as workers in a new transnational industry benefits the surrogates more than a focus on morality, she argues.[12] However, rather

[12] Although I certainly find this point relevant to pragmatic policies addressing the challenges met by surrogates due to poor regulations, inherent ethical dilemmas of commercial surrogacy as practiced in India remain, even

than addressing a debate of ethics in the sense of an overall normative assessment of practices and procedures, what I am interested in is how issues of morality were experienced and handled by the commissioning parents and the surrogates themselves. In this sense, I believe morality is underexplored – and underthematised rather than overstudied in the existing literature. My contention is that the moral ambivalence permeating the field calls for a different approach to morality, taking seriously, and moving the analysis close to, the participants' experiences of moral discomfort and their insistence upon their sincere wish to do the good and right thing. This means moving beyond an assumption which, I hold, often rests implicitly in both "win-win" and "exploitation" – that ethical reflections and considerations are merely a sort of after-the-fact justification for pursuing self-interest, not part of the motivation itself. The morality approach chosen, I believe, is better suited to understanding participants in commercial surrogacy in India on their own terms.

I wish to contribute a close-up exploration of the experience of, and response to, engaging in possibly morally disruptive practices and relations, while paying attention to how morality played into the workings of power. Such a morality approach, I will argue, may provide us with a way into how power and agency is understood, experienced and handled, in between "win-win" and "exploitation", shedding light on friction as well as functioning of neoliberal ideology and politics. Concretely, I will pay special attention to the IPs' and the surrogates' ethical work, by which I mean respective projects and processes through which they engaged with perceived moral dilemmas related to their involvement in commercial surrogacy. I will elaborate on how I understand ethical work below.

In sum, this study contributes a close-up exploration of power relations in the field of transnational commercial surrogacy, as they are experienced and handled by both surrogates and commissioning parents. I am interested in motivation as well as how meaning is made, paying particular attention to issues of morality. A Gramscian understanding of power provides a theoretical framework, along with feminist and postcolonial articulations of the historically produced power relations shaping the field of transnational commercial surrogacy

---

within a framework of surrogacy as work. As argued, for example, by Vora (2015), securing the surrogates' ownership to their reproductive bodies does not resolve the ethical dilemma produced by the contractual construction of their bodies as temporary containers for someone else´s property.

in India. Recent anthropology of ethics provides a conceptual framework for my morality approach. I will now proceed to a discussion of these frameworks.

Dealing with Moral Disruption

My morality approach is inspired by recent "bottom-up"[13] anthropological theory of ethics (Fassin, 2012; Faubion, 2011; Laidlaw, 2002; Lambek, 2008, 2010c; Robbins, 2007, 2012; Zigon, 2007, 2008). As a feminist anthropologist firmly grounded in the tradition of social theory, I see power as a key to understanding social life. However, I have during the course of this study come to agree with Lambek (2010a) that attention to the ethical[14] dimensions may entail an enriching rethinking of power. Attempting to understand the moral ambivalence prevalent in my participants I experienced that some aspects remained unaccounted for in a narrower power perspective. How can we account for structure, power and self-interest, while at the same time understand the meaning of morality to motivation? What does it mean when people question the legitimacy of their own freedom? Why is exercising power sometimes, but not always, perceived as having to do with morality? In what follows I will explore such issues by paying attention to what I refer to as the *ethical work* of both the IPs and the surrogates. By ethical work I mean the projects and processes through which participants aimed to resolve dilemmas and produce new understandings and positions to restore a sense of moral comfort. Such work comprises the intellectual endeavour of producing new understandings and world views, engaging with the values at stake and the relation between them, as well as taking measures to modify one's emotional life, corresponding with what Foucault terms technologies of self (Foucault, Hutton, Gutman, & Martin, 1988). Thus, I use ethical work in a somewhat broader sense than Foucault, for whom ethical work is what he calls the ascetic element of ethical relations.[15] My approach is not particularly inspired by

[13] The label "bottom-up" is not to be confused with actor-oriented social theory (e.g. Barth, 1966); rather, it indicates a focus on morality as experiences and processes at the micro-level, rather than as philosophy or normative theory.

[14] I use the terms *ethics* and *morality* interchangeably, in line with Lambek and other contributors to the edited volume *Ordinary Ethics* (Lambek, 2010c). As Lambek writes, "(T)he many interesting distinctions made between 'ethics' and 'morality' in the philosophical and, to a lesser extent, the social science literature are not consistent with one another. Maintaining such a distinction is thus bound either to lead to confusion or to limit discussion to the province of one particular thinker." (Lambek, 2010a:9)

[15] Ethical work is, according to Foucault, one of four such elements along with the ontological element ("ethical substance"), the deontological element ("mode of subjection"), and the teleological element ("telos") (Foucault, 1997).

Foucault's thinking, yet what I share with Foucault is an understanding of ethics as an intentional and processual work aimed at producing a certain goal. For Foucault, this goal is a particular *subject position.* My object of analysis being participants' subjectivity in Ortner's (2005) sense, places me in a different theoretical tradition than the Foucauldian thought emphasising how discourses construct subjects and subject positions (Ortner, 2005). Thus, rather than identifying subject positions, my concern is how my participants aimed to restore a subjective sense of moral comfort. In this I am inspired by Zigon's (2007, 2008) concept, "moral breakdown". Such breakdowns, according to Zigon, are created by events causing disruption from the morality of everyday life, forcing people to "consciously reflect upon the appropriate ethical response" (2008:70). Ethical work, thus, is the work undertaken to return to everyday morality. Along these lines, I understand as ethical work the processes through which the IPs and the surrogates made sense of their own motives, experiences and connections to others, in a situational context in which the moral framing was altered or even unclear. In other words, I understand entering commercial surrogacy as a form of "moral breakdown".

While some scholars attending to this "ethical turn" in anthropology argue that ethics should be studied in the ordinary, i.e. everyday life and practice (Das, 1999, 2010; Lambek, 2010b, 2010c), others have suggested that disruption from largely unreflective normativity is exactly what causes the experience of entering a field of morality (Robbins, 2012; Zigon, 2007). Laidlaw (2002) criticises the Durkheimian view of morality, in which society as such is seen as based in moral obligation. Thus, morality is identified with the social, i.e. the collective, to such a degree that an independent understanding of ethics appears neither necessary nor possible. Lambek (2010a) argues that Durkheim had a more subtle understanding of the ethical aspects of social life than this criticism implies, but agrees that Durkheim leaves little room for action and hence the aspects Laidlaw points out as characteristic for the ethical "dilemma, reasoning, decision and doubt" (Laidlaw 2002:315). A crucial point here is that, although evoking ambivalence and moral anxiety, what is experienced as moral disruption may indeed constitute new freedom and opportunities for the individual, which as we shall see was at times the case for both the surrogates and the IPs. Nonetheless, rupture with embodied and taken-for-granted forms of morality tends to produce a sense of "breakdown", often manifested in emotional responses of ambivalence and anxiety. In this sense, they experienced a normative disruption caused by social and cultural change, which created a

need to revaluate values and their application (Faubion, 2011; Laidlaw, 2002; Robbins, 2007; Zigon, 2007), drawing their negotiations of motivation and meaning out in the open, so to speak. For precisely this reason, I believe that ethical work provides room for exploring commercial surrogacy between "win-win" and "exploitation".

There is little argument that transnational commercial surrogacy in India entailed normative disruption. My main interest here is in the *relationality* of transnational commercial surrogacy, by which I refer to the potential formation – or non-formation – of relations on the basis of connections constituting the arrangement, such as surrogacy pregnancy itself or the contract between the surrogate and the Intended Parents: whether, how, why and to whom the participants saw themselves and others as related as an implication of the surrogacy exchange and/or its organisation.

With regards to relationality in this meaning, two – interrelated – potential disruptions are central in the analysis: the one from "the natural" and the one from a basic distinction between the ethical and the market. For decades, feminist anthropologists have argued the destabilising effect of ART on kinship ideology, especially with reference to nature/culture distinctions (Edwards, 2000; Franklin & Ragoné, 1998; Strathern, 1992; Thompson, 2005). Kinship in general and reproduction in particular have been described as key sites of negotiations and articulations of such distinctions, i.e. of what is given and what is acquired (Carsten, 2000; Edwards et al., 1993; Edwards & Salazar, 2009; Ginsburg & Rapp, 1995; Howell, 2006; Melhuus, 2012; Strathern, 1992). While at first understood as a way of "tampering with nature", ART have come to be seen as a sort of convergence of science and nature, in which the former lends the latter "a helping hand". In effect, thus, once "unnatural" processes are renaturalised in a process conceptualised by Thompson (2005) as "strategic naturalisation".

A key theoretical question raised, thus, concerns which connections created by commercial surrogacy arrangements are understood to be a moral basis for a relations and which are not. Moreover, what underlies such making and unmaking of relations? As observed again and again, ART entail a rupture with certain "facts of life", e.g. that procreation requires sexual intercourse, and that a heterosexual couple is the given biological – and to some extent social – frame. The fragmentations, separations and alienations undoubtedly destabilise kinship, but

also provide freedom and room for creative and dynamic reinterpretation of the "natural" basis for relatedness. Thinking of such disruption as a form of moral breakdown which requires ethical work, I argue, provides a new way into relationality in the intersection between the "natural" and that which is believed to require "work". In transnational commercial surrogacy, what is usually left implicit requires explicit negotiation in the face of moral disruption. This is not only an effect of "unnatural" procreation, i.e. the use of ART, but also of what I have referred to as intimate distance, the highly ambiguous connection through which procreation takes place in this case. In her ethnographic study of surrogacy arrangements in Israel, Teman (2010) describes how surrogates and Intended Mothers work together to construct a process and relations as similar as possible to ordinary pregnancy and procreation. In the case of transnational commercial surrogacy in India multidimensional distance creates the need for new ways of understanding kinship in which the role of morality seems to become increasingly crucial as procreation moves further away from the natural, i.e. sexual reproduction within the heterosexual nuclear family. Furthermore, examining how IPs and surrogates made kinship and non-kinship explicit with reference to both "nature" and "non-nature", I contend, sheds light on the moral meaning of the "natural", not only for relationality, but also for the struggle between different conceptions to be accepted as "truth" in a much more general sense.

The second key form of moral disruption concerning relationality had to do with the shift of procreation from the realm of intimacy into the market. As an instance of the expansion of neo-liberal global capitalism and the accompanying market logic into new fields of human life hitherto shielded from the moral logic of the market, commercial surrogacy was perceived as threatening relational moral categories and boundaries. Concerning values such as love, care and loyalty and possibly rooted in "natural" – and thus non-negotiable – bonds, kinship belongs in the realm of the ethical (Faubion, 2011). Thus creating kin relations by the way of market relations possibly disrupts the moral boundaries between kinship and the market. Moral categorising is another core theme of anthropology, and a number of classic works address the ambivalence created by, and social responses to, the juxtaposition or dislocation of elements pertaining to separate moral categories (e.g. Barth, 1967; Douglas, 2003; Parry & Bloch, 1989b). Lambek (2008) suggests the term *incommensurability*[16] to describe what

[16] In a review article discussing incommensurability in a different sense, that is as the inconceivability of translating between cultures, Povinelli (2001) provides this definition of the word: "(I)ncommensurability refers

seems to be a profound human inclination to distinguish between values. He argues that there are two distinct categories of values: *ethical value* and *market value* (i.e. value in the sense of "price"). These two classes of values, he argues, are incommensurable to one another "insofar as the former deals with ostensibly relative, commensurable values and the latter with ostensibly absolute and incommensurable ones" (ibid.:133). According to Lambek, the reason they are incommensurable – at least under capitalism – is their respective dealing with commensurability. By this, Lambek means that market value reduces everything to the same, whereas ethical value strives to keep things apart. The distinction then, is not merely between different values, but between values of different value. Lambek argues, and I agree, that "incommensurability is as fundamental to culture, society and human experience as commensurable value is to the functioning of the market" (ibid.:139). This dimension, I believe, sheds light on the depth and apparent insolubility of the moral conflicts experienced in transnational commercial surrogacy. Commercial surrogacy entailed a temporary shift of the market mode of valuation, to values and relations that in the long run are usually confined to the realm of the ethical. Thus the arrangement challenged this exact social, cultural and emotional fundamental distinction: that some values and relations are profoundly singular and inalienable, making us "who we are", connecting us to a particular social universe where we are irreplaceable.

However, it should not be taken for granted that the distinction between the economic and the ethical are the same in all societies. In their discussion of moral evaluation of different forms of exchange, Parry and Bloch (1989a) argue that anthropologists should not assume that categorisations and moral evaluations that are in fact particular to Western culture are relevant to how people think and act other places. In my case, although both the IPs and the surrogates expressed moral discomfort related to mixing elements from different moral orders, it should not be presumed that commercial surrogacy challenged notions of incommensurability in the same manner and for the same reasons for both groups. Rather, as I will discuss in Chapter 7, differences in this regard may help in understanding fundamental differences in how the IPs

---

to a state in which two phenomena (or worlds) cannot be compared by a third without producing serious distortion" (320).

and the surrogates respectively understood and evaluated the arrangement in terms of morality and relationality.

While Parry and Bloch's edited volume (Parry & Bloch, 1989b) demonstrates that there is considerable cultural variation with regards to how exchange is categorised and evaluated, the authors nonetheless identify a cross-cultural pattern of distinction between two transactional orders, a *short-term cycle* and a *long-term cycle*. Although exactly which activities and forms of exchange are considered to belong to which cycle will vary culturally, Parry and Bloch (1989a) observe in a series of cases that there is a strikingly similar concern with the relationship between these two cycles. The short-term cycle of exchange is where individual activity aimed at individual acquisition can legitimately take place. The long-term cycle of exchange, however, is concerned with the reproduction of the social and cosmic order. However, the two cycles are morally ranked. The long-term cycle, emphasising collectivity and temporality beyond the individual lifespan, is on top, and the short-term cycle, in which individuals serve their own interests, is morally inferior. Such a pattern of two orders – morally ranked – they argue, is typical for a wide range of societies. "The mature ideology of capitalism", however, may be an example of something very different, Parry and Bloch suggest:

> *By a remarkable conceptual revolution what has uniquely happened in capitalist ideology, the argument would run, is that the values of the short term order has become elaborated into a theory of long-term reproduction (ibid.:29)*

I interpret this to mean that in "mature capitalist ideology" individuals' pursuit of self-interest is portrayed to be precisely what sustains society in the long run, i.e. reproduces the social order. Thus, there is no conflict between the two cycles, or no incommensurability in Lambek's (2008) sense. I believe the "win-win" view of surrogacy ethics can be understood as an instance of such "mature capitalist ideology", emphasising individuals' pursuit of self-interest in a free market as the mechanism through which "everyone wins" in the long run. However, as I will argue throughout the thesis, participants, especially the IPs, related to such neo-liberal ethics with ambivalence. Sometimes they embraced and activated it in order to address possible incommensurability. Other times different evaluations and reconceptualisations were required to deal with practices and connections through which potentially incommensurable values were exchanged.

Given its potential disruption from the natural and its potential transgression of boundaries between different moral orders, transnational commercial surrogacy was, I will show, experienced – to a greater or lesser degree –as a form of moral breakdown, requiring work in order to restore moral comfort. "Doing the right thing" in this field was hardly a simple matter of acquiring values or of doing what is absolutely right through reasoning and choice (Zigon 2007). Rather, the multitude of dilemmas seemed to induce complex negotiations and reinterpretations aimed at "good" identities and relations. A virtue ethics approach, thus, provides a more fruitful way into the experience of the participants than the ethical principle usually associated with markets and market exchange, utilitarianism (Lambek, 2008). Turning to virtue ethics in favour of Kantian and utilitarian perspectives follows both from the criticism of the Durkheimian view and an ambition to denaturalise Western notions of the autonomous individual pursuing self-interest (Mattingly, 2012; Robbins, 2012). My concept of ethical work is also inspired by such perspectives: the ethics of relationality through surrogacy were experienced and understood against notions of "who we are" in the broader context of one's ordinary social universe.

Between "Win-win" and "Exploitation": Power and Subjectivity

As outlined above, my objective is to provide an analysis between the binary evaluations of "win-win" and "exploitation". The former position I find problematic for its failure to account for what I – in line with other feminist scholars – hold to be the structural basis for transnational commercial surrogacy in India: global, gendered and racialised power relations of globalised capitalism and neoliberal politics (DasGupta & Dasgupta, 2014; Vora, 2015). The latter, typically influenced by Marxist thought, is problematic because it tends to simplistically and paternalistically reduce the less powerful to "victims", failing to account for their subjectivity. Although arguably made "bioavailable" (Cohen, 2008) through global and gendered power structures, the surrogates I met were not victims in the sense that they haplessly or against their will were forced into surrogacy, neither were they deceived by *false consciousness*, the orthodox Marxist explanation for when people participate in their own repression. Instead, I found that their actions and choices were motivated through an active and conscious negotiation and reinterpretation of their meaning.

In order to account for this dimension, I have chosen to frame my analysis with a Gramscian understanding of power. This framework, I believe, helps me to retain an understanding of the

arrangement as embedded in power relations structured at the macro-level for but at the same time avoid the risk of economic determinism (Hall, 1986). Gramsci's thinking on the relation between structure and superstructure, laid out in his *Prison Notebooks* (Gramsci, 1992, 1996, 2007), integrates the strengths of Marxist class theory with a more sophisticated understanding of how power and subjectivity are related. I am not alone in finding this framework useful. In recent years, a number of anthropologists and others have turned to Gramscian thinking in order to understand the workings of power, often in contexts of cultural complexity and social change (Comaroff & Comaroff, 1991; Crehan, 2002, 2011; Hall, 1986; Pizza, 2012; Smith, 2004; Williams, 1977; Yeh, 2013).

Hegemony provides the framing for Gramsci's conceptual apparatus. In Gramsci's own writings the concept is fluid and flexible and has no single definition. According to Crehan's (2002) interpretation, hegemony is more of a naming of the problem, i.e. how power relations are produced and reproduced, than a precisely bounded theoretical concept. Smith (2004) writes:

> *Hegemony is about the mastering of history, the use of people's will and agency to drive their own history into the future, and about the weight (or lightness) of the past, carried on the shoulders of the present (99.)*

In Gramsci's words, hegemony is successful when it produces consent, i.e. the subjective and willing subordination to power. Hegemonic world views provide understandings of reality that give meaning and motivation to certain ways of being and acting in the world. *Consent*, thus, links power to subjectivity in the sense that it conceptualises how people actively take part in their own subordination, because it appears to be the natural or right thing to do. I will further elaborate on this issue of consent, as opposed to coercion, another Gramscian concept, in Chapter 5, where I discuss the management of surrogates during pregnancy and birth.

Apart from linking conceptions of the world and motivation, the Gramscian framework illuminates another key issue of this study, namely the relation between *differing* and usually *contradicting* understandings and the unequal degree to which they are accepted as "truths". The novelty of commercial surrogacy in India and the way new cultural understandings were constructed along with them, create a need for a more processual grasp on how power is related to such understandings than, for example, Bourdieu's framework of doxa and habitus (Bourdieu, 1977). Hall (1986) underlines the dynamics of different forces in the Gramscian

understanding of power, hegemony is not one force's victory over the other; rather, it is a temporary control. It is a continuous and contested process, rather than a form of dominance that just passively exists (Williams, 1977). In other words, the concept of hegemony denotes a struggle for power, not a state, and its ability to grasp the processual quality of social power is one of its attractions for me as it has been for other scholars (Crehan, 2002; Nilsen & Roy, 2015; Williams, 1977). Furthermore, hegemony provides a way of gaining insight into how hierarchical relations between different conceptions of the world are produced, privileging some and marginalising others. Constantly made and thus possibly unmade, hegemony is never total in the sense that all available conceptions of the world are hegemonic (Comaroff & Comaroff, 1991). The cultural repertoire will always contain contesting beliefs and world views. Thus, hegemony provides a way of grasping how power can work, and at the same time give room for contradiction, ambiguity, incoherence and other varieties of "mess". Conflicting conceptions, rather than being *eliminated* by hegemonic ones, remain available as part of the cultural repertoire, although marginalised, subalterned in Gramsci's vocabulary (Crehan, 2002). When hegemony prevails, it is not because it is uncontested, but because resistance remains subaltern. The concept of subalternity, thus, provides a way of accounting for why subordination, although motivated, is often ambiguous and ambivalent. In my case this became evident in the surrogates' apparently contradictory act of consenting to hegemonic understandings yet expressing contesting views of the world. Subalternity is characterised by an inability to "produce coherent accounts of the world they live in that have the potential to challenge the existing hegemonic account" (Crehan, 2011:104), not by the absence of alternative views. The subaltern world view is rather lacking in clear insight into how the oppression they are experiencing is related to larger economic and political realities (ibid.), complicating the articulation of a counter-hegemonic position, and subsequently efficient resistance, "the formation of a recognisable basis of action", to borrow the words of Spivak (2005:476).

I have argued that a morality approach can valuably contribute to an analysis of how commercial surrogacy is experienced by those who partake in it. I also believe that a morality approach inspired by new anthropology of ethics may add to our understanding of the dynamics of hegemony production. Gramsci, like Durkheim, saw morality in any given society as part of the general social order (Dyke, 1995). As such, the criticism of Durkheim discussed above applies to hegemony as an integral account of normativity, in the sense that it

does not provide a way of studying morality as distinct from cultural in general, leaving the meaning of morality to be "everything and nothing" (Laidlaw, 2002:313). I have also argued that the experience of moral breakdown sometimes derives from novel freedom and opportunities, suggesting a shift in power relations disrupting old ways of legitimising such power. Thus, I will argue, the ethical work of producing new understandings of what is good and right, e.g. what the moral and relational implications of a surrogacy arrangement should be, must be understood in the context of hegemony production.

Conversely, a power perspective may fruitfully enrich an anthropology of ethics by providing insight into the ethics of the "unfree": what are the effects of control, repression and subalternity on moral subjectivity? Besides being analytically fruitful, in the sense that it provides a way into that which plays out in between "win-win" and "exploitation", a morality approach framed by Gramscian theory of power may help suspend any assumption that ethics is a privilege of the powerful, leaving the less powerful to a variety of "false ethical consciousness" or to no ethical reflexivity at all. Gramsci underlines how every human being strives to make sense of the world, making us all "intellectuals" (Dyke, 1995). As I hope will become evident in this thesis, subalterned people, too, perform the task of distinguishing right from wrong and strive to gain moral comfort through their choices and actions. However, as I will also demonstrate, as an effect of the subaltern position, they may fail to gain acceptance for the understandings they produce, for example that surrogacy forms the moral basis of an enduring relation with the child and/or its parents. Thus, what I am concerned with is twofold: I wish to demonstrate that the surrogates did engage in producing understandings and ethical evaluations contesting the dominant ones. Secondly, I am seeking to describe the processes through which such contesting ideas were silenced, accounting in both cases for the processual quality of hegemony production.

Embodied Hierarchies: Post-Coloniality, Gender and Race

Vora (2015) argues that transnational commercial surrogacy should be understood as a form of *biocapital*, i.e. a general market for what she refers to as "life-supporting energies and services" developed from previous gendered and racialised social and economic forms. She argues that surrogacy in India is an example of "new forms of accumulation and exploitation of labour within neoliberal globalisation, but also rearticulates a longer historical colonial

division of labour" (ibid.:21). Hence, she contends, any analysis of surrogacy needs to account for its colonial roots. While my analytical focus on morality and relationality is different from Vora's interest in labour, I agree that colonial history and the postcolonial context are essential for any analysis of transnational commercial surrogacy in India. Therefore, I let postcolonial and feminist theory help me grasp the gendered and racialised hierarchies shaping the relation between different world views produced in the field.

Gramscian thinking has been extensively and fruitfully employed for analysis of postcolonial societies, famously "brought to India" through the rewriting of South Asian history by the postcolonial theorists associated with the Subaltern Studies Group. The group, largely consisting of South Asian historians, arose in the 1980s. Inspired by Gramsci, they explored colonial and imperialist history from the perspective of the colonised (Arnold & Hardiman, 1994; Bhadra, Prakash, & Tharu, 1999; Chatterjee & Jeganathan, 2001; Chatterjee & Pandey, 1992; Chaturvedi, 2007; Guha, 1997, 2011, 1982, 1983, 1984, 1985, 1987, 1989). The concept of subalternity has been further refined by scholars working on social phenomena and processes in India for the past five decades, and the Gramscian conceptual apparatus continues to prove inspiring and productive for scholarly analysis, despite dramatic changes in Indian economy, politics and society as a whole since the Subalternists initiated their project (Nilsen & Roy, 2015). I agree with Nilsen and Roy's (ibid.) claim that hegemony as a contested process encompassing different forms of power (consent and coercion) is particularly apt for understanding India in the era of the neo-liberal turn, in which elite interests are salient, yet constantly challenged.

Postcolonial theory provides insights not only into economic structures and global class inequality, but also into the asymmetric exchange of power-knowledge in the course of such relations. Said (1979) famously conceptualised the cultural foundations and justifications of global hierarchies as *Orientalism*, an ideology constructing Eastern cultures as essentially static and undeveloped as opposed to the developed, rational and superior West, enabling political, economic, cultural and social domination by the West not just during colonial times, but also in the present. Orientalism constructs a subject-object-relation, in which the East is rendered "the Other", the object and inferior. Following from this relation comes a series of binary opposition attributed to the West and the Orient respectively: strong/weak, developed/undeveloped, educated/ignorant, liberated/repressed. Essential for my analysis is how such a hierarchic subject-object-relation manifests itself when "truths" about commercial

surrogacy are produced in my field, causing unequal distribution of power to define the world, a key dimension of inequality for Gramsci (Crehan, 2002). However, as contended by feminist critics of postcolonial theory, such inequality is produced and reproduced not only in knowledge as a purely intellectual property. Bodies also matter in the production of hegemony and subalternity, grounding hierarchies in what is perceived as material, even "natural" reality.

Gender is obviously one such embodied power relation. Gayatri Spivak (1987) has contributed a ground-breaking critique of the Subaltern Group's concept of subalternity. Spivak argued that the concept captured the intersection of class and colonial domination, but failed to account for the gendered dimensions of colonial power. In line with this, Spivak called for an inclusion of subalterned women's subjectivity, and attention to the gendered dimensions of global labour division. She argues that "it is well-known that, for reasons of collusion between pre-existing structures of patriarchy and transnational capitalism, it is the urban sub-proletarian female who is the paradigmatic subject of the current configuration of the International Division of Labour" (360). Patriarchy as well as postcolonial capitalism is the context in which subalternity should be understood, according to Spivak. The relevance of gender for understanding commercial surrogacy is evident: reproduction being its purpose, and female reproductive labour being offered, biological, economic and ethical relations of commercial surrogacy are intrinsically gendered. What is argued by Spivak and other postcolonial feminists, however, is that gendered and postcolonial power are always intertwined in complex ways, shaping relations in new configurations (Mohanty, 1984; Narayan & Harding, 2000; Spivak, 1987).

Gender and gendered power, thus, parts from sexual categories as it is constructed against other relations, not only class, but also from what has been conceptualised as the embodiment of colonial hegemony: the construction of "race", i.e. the understanding of people of different phenotypes as essentially different (Ahmed, 2000, 2006; Pandey, 2013). Although the idea of human races in a biological sense has been left behind, theorists insist on the social realness of race as a product of very real and palpable global and local racisms (Ahmed, 2000; Pandey,

2013).[17] Combining postcolonial theory with phenomenology, Sara Ahmed (2006) argues that the very process of social construction makes race a material reality:

> *The matter of race is very much about embodied reality; seeing oneself or being seen as white and black or mixed does affect what one "can do", or even where one can go, which can be redescribed of what is and is not within reach. (112)*

I hold race in this sense to be yet another trans-relation involving and producing power asymmetry in transnational surrogacy arrangements. Although mostly unarticulated – even underplayed – in the field, racialised power shapes understandings in fundamental, yet mostly tacit, embodied and thus misrecognised ways. Modernity and its presumed moral and ontological superiority remain linked to whiteness, embodying a privileged position to define the world. In fact, Gyanendra Pandey, one of the founding theorists of the Subaltern group, claims that all relations of hierarchical difference – gender, sexuality, caste[18], race etc. – have in common that they are constructed binarily, against the same background: that of *modernity*,

[17] The concept is sometimes used with quotation marks to indicate its social constructedness (cf. Murji & Solomos, 2014)

[18] Although *caste* occurs strikingly rarely in my material, a note on this category is due when discussing *bodies* in relation to social hierarchies in an Indian context. Caste has been considered a gatekeeping concept for anthropological study of the region, much due to Dumont's enormously influential work on the subject (1998 [1966]). Dumont stresses that hierarchy in the Indian context or, more specifically, the caste system, should not be understood as an "extreme form of social stratification". Dumont argues that stratification is a Western concept, in which the idea of equality as the "natural" condition is already implied (Dumont, 1986). In the caste system on the other hand, hierarchy is what is taken for granted as fundamental to society. Dumont's theoretical assumption that hierarchy, as reflected in the caste system, is an encompassing value in South Asian culture has been questioned and criticised. The "orientalising" effects of Dumont's dichotomous view of India compared to the West, as holistic vs individualistic and traditional vs modern, is discussed by Said (1979), who points out that although Dumont's view of the oriental is less negative than the usual orientalist view, is shares the assumptions of different human essences and radical difference, a dichotomous representation which in the end nonetheless serves the West and the subject (ibid). Dirks (2001) relates caste directly to colonialism, arguing that it is neither a remnant of ancient times nor a single system. Rather, Dirks see caste as a modern phenomenon, a product of the historical encounter between Indian tradition and British colonial rule, reified as "the caste system" by the colonists. Pandey (2013) has recently compared caste – and, in particular, the practice of untouchability – to race, a comparison surprisingly rare given their similarities in social categorisation based on what is perceived as bodily difference, and to some extent, in fact, correlating with visual differences. Although carefully underlining crucial differences, Pandey rejects the idea that caste is unique in terms of social hierarchies. On a similar note, more empirically, recent ethnographic work has contested Dumont's assumption that caste is central to all social organisation in South Asia (Béteille, 1992, 2002; Searle-Chatterjee & Sharma, 1994). Scholars argue that caste should be considered one among a multitude of principles of classification, leaving when and how it is relevant an empirical question. As mentioned, caste did not figure in the forefront of my fieldwork. In my fieldwork, caste was simply never made relevant to the relations between surrogate and the Western IPs, somewhat unsurprisingly given both the latter's lack of knowledge of caste and their ideological reluctance to acknowledge its moral validity. In relations between Indians, e.g. between the clinic and the surrogate or between surrogates, it may have played a more significant role than my data suggest, or even have been strategically under-communicated. However, as I will argue to some extent in chapters 3 and 5, class – or more specifically "poor" and "uneducated" – was the category of difference made relevant to both distinction and identification in the Indian relations. This is a finding which resonates with other literature on the significance of caste in urban and professional or public contexts in contemporary India (Béteille, 1992, 2002).

closely related to capitalism (Pandey, 2013). Pandey draws on Simone de Beauvoir's take on the asymmetrical binary between man and woman, in which man is not only a pole in the pair, but "the sole essential" against which the other will be evaluated (Pandey, 2013:35). Thus, the quintessential modern, rational and autonomous subject, the one whose conceptions of the world are most likely to win hegemony, is a white Western man. This insight provides a background for my analysis of the processes through which different understandings of relational and moral implications of transnational commercial surrogacy gained privilege and remained unheard, respectively.

In Summary

In this Introduction, I have laid out the analytical trajectories of my particular approach to the complex field of transnational commercial surrogacy in India. I have discussed my conceptual and theoretical framework, leading me to and assisting me in developing the overall argument that will be elaborated in the following. I will show that transnational surrogacy in India to some extent was experienced as morally disruptive by both the IPs and the surrogates. An experience of moral ambivalence and discomfort was related to a novel and complex configuration of distance and intimacy, its implied shifts in relations of power and agency as well as in the moral meanings of relationality between the market on the one hand and kinship on the other. I will argue that the "win-win" narrative about transnational commercial surrogacy in India as a convenient, mutually beneficial and morally acceptable exchange and an answer to the parties' respective, purportedly commensurable needs and desires (a transaction of cash for work) only partially succeeded in legitimising participation in a surrogacy arrangement. For one, this derived from the inherent negation of this narrative of moral boundaries valued and endorsed in the broader temporal and spatial context ("who we are"), such as that between the market and reproduction, family and kinship. Furthermore, the accuracy of the "win-win" narrative was constantly challenged by lived experience, such as the participants' own emotional responses and one's relations to others as they evolved. I will pay special attention to how both the IPs and the surrogates engaged in ethical work to address moral discomfort related to their involvement in commercial surrogacy, i.e. how they dealt with their experiences of vulnerability and ambivalence and maintained boundaries crucial to both their moral subjectivities and their social universes.

Multidimensional distance making such a constitutive quality of connections between people, relational ethics, rather than being handled in the realm of interaction, were often negotiated through the production of ideas and understandings. Such understandings, I will show, differed considerably between the two groups of participants. The IPs, appealing to universalising ideas of relational ontology and ethics, would generally view their own parental bond to the child born out of the surrogacy arrangement as its only significant relational implication, making the severing of the connection to the surrogate at the end of the contract the ethical thing to do. The surrogates' view of the arrangement, on the other hand, included a more ambiguous understanding of relationality, in which they were at once claiming and deconstructing their own kin relation to the child as a product of surrogacy motherhood. In the surrogates' view, parts of what they had invested in surrogacy motherhood essentially belonged in the realm of the ethical rather than the economic – entitling them to reciprocation beyond the contract, possibly an enduring relation encompassing continued monetary reciprocation.

However, inequality, manifest in and reproduced by unequal distribution of power to define what was true, right and good with regards to surrogacy relationality, nonetheless ensured both a frictionless arrangement and apparent consensus on its ethics ("win-win"). In the following chapters, thus, I will demonstrate how the IPs were ultimately enabled both to realise their desires and understand their own engagement in and outcome of the exchange as justified, while the surrogates largely had their experiences, understandings and interests silenced in favour of relational "truths" based on biomedical kinship ideology and universalised ideas of relational ethics, with the result that surrogates were left with an experience of loss, fragmentation and discomfort when the arrangement ended.

Chapter Overview

In the next chapter, I present an introduction to the organisation of commercial surrogacy as it was practiced in Mumbai at the time of my fieldwork, including both medical and legal procedures. I also provide an overview of my fieldwork, participants and methods, as well as a discussion of methodological and ethical challenges involved in the fieldwork.

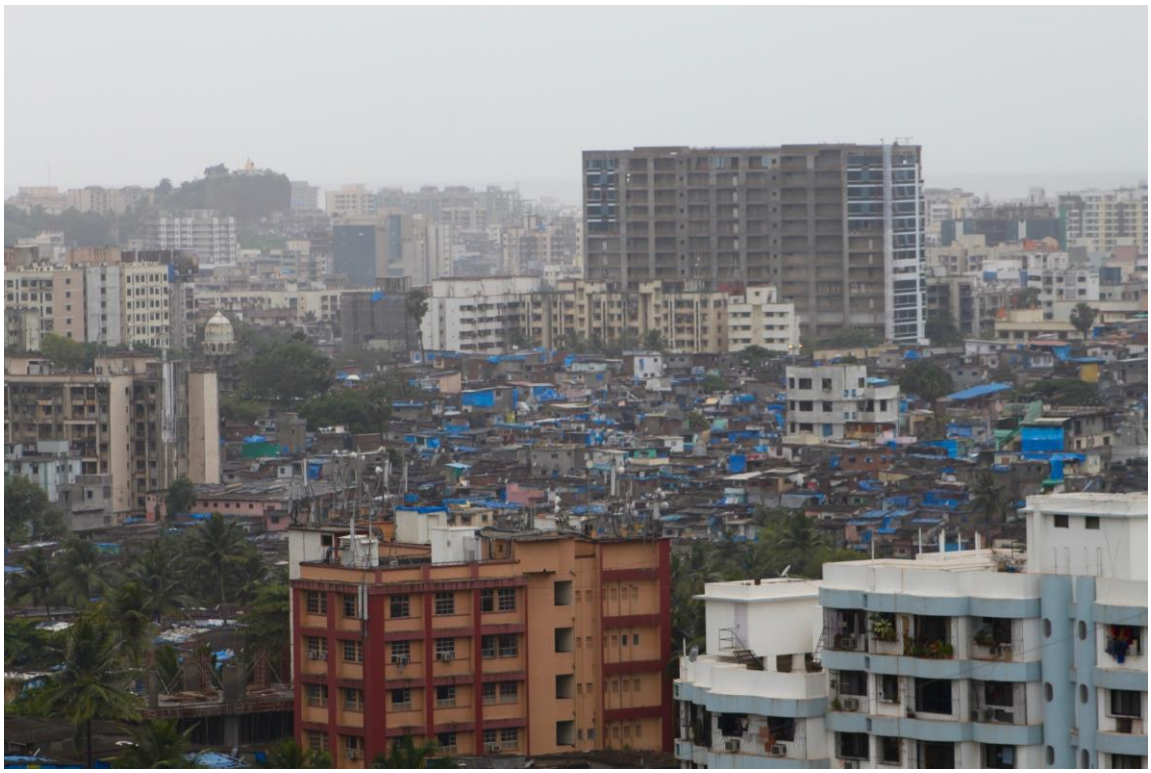
From Chapter 2 and onwards, the chapters roughly follow the IPs and the surrogates chronologically through the surrogacy arrangement, first separately, then with a more direct comparison in the two last chapters. Chapter 2 and 3 trace the IPs and the surrogates´

respective trajectories leading them to Mumbai ART clinics. I explore the events, experiences, desires, life conditions and considerations motivating their decision to engage in commercial surrogacy, arguing both for the IPs and for the surrogates that an experience of marginalisation and strong desires related to children and parenthood characterised the trajectories.

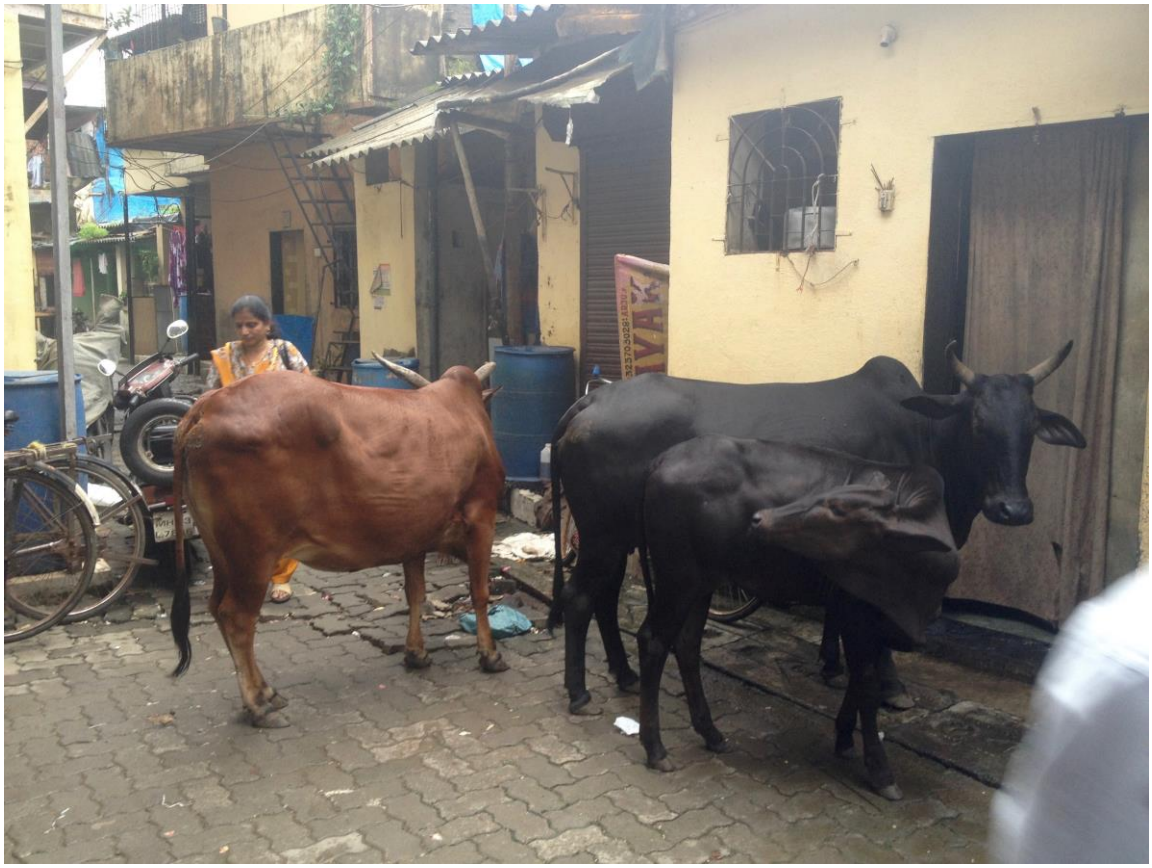
In Chapters 4 and 5 I explore the middle phase of the surrogacy process, the one in which a child was procreated through the connection I refer to as intimate distance. In Chapter 4 I explore how IPs dealt with the perceived moral disruption of engaging in commercial surrogacy in India, specifically the work invested in avoiding what they saw as "exploitation" of the surrogate. Chapter 5 explores the surrogates' experience of surrogate pregnancy and delivery, with a particular focus on the interrelation between the clinics' regime for surrogates and the notion of the surrogacy foetus as a "medical baby", i.e. a fundamentally different foetus.

Chapters 6 and 7 are about the post-delivery phase, the one in which most interaction took place between IPs and surrogates, and also where I bring them together in a more comparative analysis. I explore what relations were perceived to come out of the surrogate arrangement and compare the IPs' understanding of such relational implications to those of the surrogates, showing that they often were conflicting and contradictory. In Chapter 6 I discuss surrogacy relationality with reference to kinship and ideas of parenthood: who was understood to have what bonds to the child born? In Chapter 7 I explore negotiations and interpretations of the relational implication of surrogacy as a form of exchange: what kind of relation – if any – between the IPs and the surrogates was perceived to come out of the arrangement and what future implications should it have?

Finally, in the Conclusion I tie together findings and analyses from the different chapters and bring the argument back to my theoretical and conceptual framework as I have laid it out in this chapter.



Typical Mumbai suburb, mixed up with regular apartment blocks and slum colonies. All photos are taken by the author.



Multiple species sharing the space of narrow lanes in a Mumbai slum colony.

Chapter 1: Place, Methods and Ethics

Along with Anand in Gujarat, New Delhi and Bangalore, Mumbai[19] has gained a name as one of India's surrogacy hubs. During my fieldwork, which took place during the busiest years, as many as 70 or 80 businesses arranging gestational surrogacy contracts may have been located in Mumbai and its outskirts, though no official records have been kept. Such agencies and clinics took care of all, or some parts, of the process ranging from recruitment and matching of surrogates and commissioning parents, surrogacy contracts, IVF procedures, medical monitoring of the surrogates, delivery and post-delivery legal assistance.

Two such providers of surrogacy services figure frequently in this study. I have called them Clinic A and Clinic B.[20] The two were especially popular among Scandinavians at the time of my fieldwork and were chosen by all commissioning parents participating in the study with the exception of one couple. Although both were consistently referred to as "clinics", by both the clinics themselves and their clients, only Clinic B had an in-house ART clinic, providing a wide range of services, gestational surrogacy only one among them. Clinic A was an agency dealing exclusively with gestational surrogacy arrangements, organising the whole surrogacy process for their IP clients, including procedures in the IVF clinic of a big Mumbai hospital. Both Clinic A and Clinic B explicitly claimed to be practicing in accordance with the IMCR guidelines for ART, discussed above. Both market themselves as "LGBT friendly"[21]. The official number of babies born from arrangements organised by Clinic A since its start-up in

[19] Known by its colonial name Bombay until 1995, Mumbai is the capital of Maharashtra and has a population of 12.5 million people. Counting the inhabitants of all the suburbs in the metropolitan area, in which many of the surrogacy clinics, not to mention the surrogate mothers, reside, the population totals 16.3 million (www.snl.no/mumbai Accessed March 23 2015). The city is considered India's commercial and financial centre, and is also home to the glamourous, billion-dollar Bollywood film industry. Thousands of people from all over India are attracted by the financial opportunities of the big city, resulting in massive immigration, a highly diverse population and severe overpopulation. In 2014, the population density was almost 25000 per km^2, almost eight times that of Oslo (http://www.ssb.no/beftett/ Accessed December 20 2015). No other Indian city has a bigger population living in slums. It is estimated that 55 per cent or more of all Mumbaikars are slum-dwellers, many of them surrounded by open sewers (http://www.indiaonlinepages.com/population/slum-population-in-india.html Accessed May 25 2016). Migration has also made Mumbai´s population highly diverse, linguistically and in terms of religion. Hinduism is the largest religion in Mumbai at 67.3 per cent (2011-census). Islam, at 18.56 per cent, is the second largest.

[20] Clinic names have been changed in order to facilitate anonymisation of participants.

[21] Clinic A management estimated the proportion of gay couples among their clients to be around 40 per cent (personal communication, June 2012).

early 2015 was 350. Although Clinic B did not provide official numbers, it is safe to assume their total number was at least that of Clinic A at the time.

While prices and contracts were approximately the same, the practices at Clinic A and Clinic B differed in certain respects. Clinic A maintained a relatively close, cordial relationship with their clients, taking pride in providing attentive assistance not only in the legal and medical procedures related to surrogacy, but also in practical matters such as accommodation, transport and communication. The management personally met with all clients several times, and often hosted parties where clients met and socialised with each other and the clinic staff. Clinic A management profiled their practice as more transparent and more concerned with the well-being of the surrogates than other Indian clinics. Clinic B interacted with clients at a more formal level, and restricted its services to medical procedures and recruiting, "employing" and monitoring the surrogate.

Both clinics organised surrogacy arrangements in a manner preventing direct contact and interaction between surrogates and intended parents. Unlike what has been described from surrogacy in the West (Ragoné, 1994; Teman, 2010), matching commissioning parents with surrogates was almost exclusively performed and controlled by the clinics. As such, the parties entered into contracts knowing very little or nothing about each other, and most often without any direct interaction.[22] Physical distance remained a material reality during the duration of the surrogacy contract. Most transnational commissioning parents only travelled to India twice – first to sign the contract and provide the clinic with gametes and subsequently to pick up the newborn after delivery. In fact, a majority of the commissioning parents in my sample did not interact directly with the surrogate until after delivery, and some of the participating surrogates never met their clients at all. And, although most of both surrogates and IPs participating in this study did at some point meet with their counterparts, linguistic barriers complicated interactions; very few of the surrogates spoke English beyond a few phrases, and IPs had no knowledge whatsoever of the main languages spoken by the surrogates, Hindi or Marathi.

[22] Clinic A allowed the IPs to review databases and select among available surrogates on the basis of photos and some basic information about the candidate. However, matches were usually made with no or limited interaction between the parties.

Clinic B strongly discouraged, and only facilitated to a very limited degree, contact between the surrogates and the commissioning parents beyond what was required for post-delivery legal procedures. Clinic A's policy encouraged and facilitated physical contract meetings, Skype video conferences during pregnancy and one or more post-delivery meetings. However, commissioning parents were free to decline this offer. Clinic A also reserved the right to mediate all contact including post-delivery, allegedly to protect both parties against miscommunication and the risk of unreasonable demands from the other.[23]

Medical Procedures

At the outset of the process, the IPs' satisfactory health was documented through certain standard tests (including, for instance, an HIV test) performed either at home or at the Indian clinic before initiating IVF procedures. This process started with the retrieval of gametes. While sperm samples are retrieved in a low-tech procedure (usually in what some participants referred to as the "jerk-off room" at the clinic), eggs were harvested by an Indian clinic after a period of hormone stimulation that was often initiated at home prior to departure to India. In most cases I heard of, attempts at fertilisation and subsequent transfer into the surrogate's womb were conducted immediately, while the commissioning parents were still in India, and surplus gametes/embryos were frozen for possible repeated attempts in case conception failed. Whenever embryo transfer did not result in pregnancy, a new cycle was conducted with frozen material, often very swiftly with a different surrogate. For such repeated attempts, commissioning parents were not required to travel to India.

Surrogates, too, were tested prior to approval for common infectious diseases and other health problems such as diabetes, that would make them ineligible for surrogacy. Next, they were given hormonal stimulation for a number of weeks to prepare the uterus for ultrasound-assisted transfer of embryo(s). Although ethical guidelines recommended restricting the number of transferred embryos to two, higher numbers (as many as five in several cases I know of) were very common, resulting in a high proportion of twin pregnancies among

[23] The IPs were strongly advised to use the clinic as mediator for any contact at all times. In fact, some believed this was regulated in the contract itself. Surrogates, on the other hand, were explicitly told that they were not allowed to have contact with clients independently of the clinic.

commercial surrogates. Two weeks after embryo transfer, a pregnancy test was conducted. If the test was negative, surrogates were asked to wait for the onset of a new cycle. If pregnancy was confirmed, surrogates were put under a medical regimen administered by the surrogacy agency or clinic, a regimen described in detail in Chapter 5.

Costs and Fees

At the time my fieldwork (August 2012-August 2013) surrogates were paid between INR 300 000 and 350 000, i.e. around EUR 4 000–4 500. This was usually paid in instalments; about 10 000 rupees at the time of transfer, followed by larger amounts paid per pregnancy trimester and the remaining amount at the end of the contract, i.e. after delivery. Relatively small monthly cash contributions for food and accommodation during the pregnancy were provided by Clinic A to surrogates who did not stay and eat at clinic facilities.

For the commissioning parents, a surrogacy arrangement, including IVF procedures and all costs related to the surrogate (fee, recruitment, medical assistance, accommodation, delivery etc.) would amount to between EUR 20 000 and 25 000. The use of an egg donor cost around EUR 2 500. Additional IVF cycles in the case of unsuccessful attempts cost around EUR 5 000 and 10 000, depending on the availability of frozen embryos. Commissioning parents also had expenditures related to travelling (flights, hotels and visas), legal assistance in India and gifts, etc. It was not unusual to spend a total of EUR 50 000 or more on the whole process. For most, post-delivery legal procedures required them to stay on in India for several weeks or even months, in some cases. Such long stays implied a loss of ordinary income, in effect adding to the overall cost. Most IPs also gave bonuses to the surrogate at the end of the contract. Such bonuses rarely exceeded EUR 1 000, however.

Legal Measures and Procedures

Although not regulated by law, transnational surrogacy arrangements, as previously mentioned, were organised and structured pursuant to a combination of surrogacy contracts (provided by the clinics), citizenship legislation when relevant in certain Western countries and Indian visa regulations. This, in addition to hospital and clinic policies, made them follow a certain linear, fairly predictable, path often referred to by the commissioning parents as “the process”.

As stated in the Introduction, surrogacy contracts have been considered legally valid and enforceable since 2002. In the cases I studied, contracts between the parties were the main tool for legally regulating the arrangement. Clinics provided and organised standard contracts. I never heard of instances involving negotiation, neither by commissioning parents nor by surrogates. Clinics were generally unwilling to share their standard contracts with me. However, some commissioning parents have provided me with copies of their contract with the surrogate (for an example of a standard surrogacy contract, see Appendix 1). Norwegian journalist Synnøve Skeie Fosse has given me access to a standard clinic-surrogate contract provided to her by one of her clinic sources. In this contract, the surrogate, among other things, signed a declaration of her own health, consented to undergo all tests and procedures as advised by the Attending Physician, agreed to hospital admittance for the period advised and to abstain from acts that could be harmful or injurious to the foetus, including intercourse during the first trimester. She also agreed to undergo embryo reduction in case of a multiple pregnancy (twins or triplets) to comply with the commissioning parents' desired number of children. She agreed to relocate to a "new house" as soon as she became pregnant, preferably close to the clinic, and to refrain from travelling within the city during the first trimester, and outside the city during the third trimester without prior consent from the Attending Physician. Furthermore, she acknowledged that she had no right or authority over the child after birth "whether single or twins". Even more surprising, perhaps, is that she agreed to keep secret and confidential the terms of the arrangement and all information she gained access to through it. Furthermore, a "Supporting Partner" of the surrogate, often her husband, sometimes another relative, inter alia gave his/her consent and declared willingness to assist in the necessary legal procedures. Finally, the clinic made a commitment to make its best effort to ensure the surrogate's medical and clinical fitness, but notably disclaimed responsibility for complications or adverse outcomes "before, during and after the surrogacy program", eventually placing the risk on the surrogate herself. This contract also stated the fee to be paid in instalments per trimester.

The content of the IP-surrogate contracts resembled the clinic-surrogate contract with regards to the surrogate's rights and duties. The commissioning parents stated their medical and physiological fitness for parenthood and acknowledged their financial and medical responsibility for the surrogate in performing her obligations, and their awareness of the risk

of complications. They also assumed responsibility for the child, notwithstanding birth defects or abnormalities.

Post-delivery, a complex legal process was initiated in order to establish legal parenthood. For the IP participants in my sample, this process took between six and 12 weeks, and it was by most experienced as stressful and tedious (see also Deomampo, 2013a, 2015). Firstly, the hospital where the child was born issued the birth certificate in the name of the genetic parents as informed by the IVF-clinic.[24] If an egg donor was used, "Mrs Not Known" was entered in the field for "mother". The name of the surrogate was absent in all cases. When commissioning parents came from abroad, additional legal procedures were initiated after birth to enable the commissioning parents to return to their home country with the newborn legally. Part of this process took place in Mumbai, involved the consulate and ended with a national passport issued in the child's name.[25]

According to the laws in all Western countries represented in my sample, the surrogate was the child's legal mother and, if she was married, her husband the legal father. In the Norwegian process of establishing the commissioning parents as legal parents, which is the one best known to me, a DNA test was taken in order to document genetic paternity, on the basis of which the genetic father would replace the surrogate's husband as legal father. The surrogate signed an affidavit – set up by the clinic or by associated lawyers – declaring that the child was born through surrogacy and that she rescinded "all parental and maternal rights". If she was married, her husband produced a corresponding affidavit. The surrogate would also sign a document ("No Objection Certificate") in which she permitted the legal father to leave India with the child. Legal maternity, however, remained with the surrogate for

[24] Both Clinic A and B, and many other Mumbai clinics, exclusively used the top-end, private Hiranandani hospital for deliveries, having a clear agreement with the hospital about routines for surrogacy cases, including issuing birth certificates. The documentary film *Made in India (Sinha & Haimowitz, 2010)* depicts a case in which a surrogate goes into premature labour. The birth process progressed and she did not have time to travel to Hiranandani, delivering in another hospital, which caused post-delivery legal problems for the IPs as the hospital in question does not have legal routines for surrogacy cases. This case illustrates the vulnerability of the ad hoc systems put up in the absence of proper legal regulation.

[25] The processes differ slightly between Western countries with regard to the legal rights granted through the procedures in India. These differences are, however, not relevant to the discussions of this thesis and, therefore, will not be addressed further.

some more time.[26] Her legal parenthood would usually be transferred to the Intended Mother (IM) or the partner/husband of the genetic father in a transfer or adoption process within the first year after the child was born.

On the basis of the transferred paternity, the child was granted citizenship in its father's country and a passport was issued.[27] Finally, an exit visa had to be obtained from the Indian authorities, allowing the IPs to leave India with the child. For an exit visa to be issued, the commissioning parents needed to document the surrogacy process and that all their obligations related to the surrogacy contract had been fulfilled. The exit visa step of the process was reputed to be unpredictable and sometimes tedious, and quite a few of my IP participants reported that a bribe to the officials was required for the document to be issued within a reasonable period.

Although all the cases I observed ended without major problems in successful transfer of parenthood and custody to the commissioning parents, there were significant pitfalls, partly caused by transnationality and illustrated by a few widely discussed cases.[28] For instance, Indian legal practice, acknowledging the validity of surrogacy contracts and the subsequent issuing of birth certificates naming the intended parents as legal parents were disregarded altogether by the consulate of countries where surrogacy is illegal. In theory, a surrogate refusing to relinquish parenthood would probably have a very strong case under the

[26] A fact I suspect the surrogates I met were largely unaware of, as they had been reassured by the clinics that they would have no rights or obligations towards the child whatsoever. Due to limited education and functional illiteracy the exact content and outcome of legal procedures remained unclear to surrogates, even when they were required to participate actively in them.

[27] Unlike children born through surrogacy in the USA, children born through surrogacy in India are not considered Indian citizens; rather, they are regarded as citizens of the home country of their parents. Cases in which obtaining such citizenship has proven difficult have been noted, such as the Volden case from 2010, in which a Norwegian single woman had twins by gestational surrogacy, using donor sperm and eggs. According to Norwegian law, Volden had no parental bond to the children and, thus, they were denied the right to Norwegian citizenship. Indian authorities, on the other hand, acknowledging the parental implications of the surrogacy contract considered the children Norwegian and would not grant them Indian citizenship. After more than a year the case was solved through diplomacy, passports were issued for the children and Volden was allowed to take them to Norway, although her parental status was still unclear. Only after several years did she become their legal mother through adoption, suggesting that Norwegian authorities might have had concerns about the precedence for future surrogacy cases.

[28] The case referred to in note 24 is the most noted of these in the Norwegian context.

Norwegian legal system. The law regulating parenthood[29] grants legal maternity to the one who gives birth, and genetic connections have no relevance in this regard. Surrogacy contracts are explicitly declared legally invalid in the same law. As far as Norwegian law is concerned, the surrogate remains the mother until the child is adopted by someone else. While I judge the probability of such a situation occurring to be quite low, the point argued is that in order to ensure smooth transfers of parenthood, legal regulations rely heavily on the support of the non-legal social processes which are the topic for this thesis.

Methodology

This thesis is based on multi-sited ethnographic fieldwork (Marcus, 1995) conducted between June 2012 and May 2014. A total of almost 10 months of this fieldwork was carried out in Mumbai, India, in the periods June 2012, August 2012- February 2013 and May-August 2013. Less intensive fieldwork was conducted in different sites in Scandinavia February-May 2013 and August-December 2013. One last follow-up interview was conducted in May 2014.

I initially planned to base the fieldwork in an ART clinic in Mumbai, the preferred destination for most Scandinavians going to India for surrogacy. In spite of thorough preparations, including a two-week pilot trip to Mumbai two months prior to the onset of the main fieldwork, gaining stable and satisfactory access to a clinic proved to be an extremely challenging task. As a consequence, I had to find other ways into the field of transnational surrogacy, and my fieldwork design was subject to major revisions during its initial months. Study participants had to be recruited mainly through other channels, and fieldwork was primarily conducted in arenas other than clinics. Recruitment and field sites – and even data collected – differed significantly between the two groups of participants; that is, Indian surrogates and Western IPs. Therefore, I will account for these two groups of participants separately[30] before giving a brief account of the limited fieldwork I conducted at Clinic A.

[29] See The Children Act, Chapter 2, Section 2: https://www.regjeringen.no/en/dokumenter/the-children-act/id448389/. Accessed March 20th 2016.

[30] In two cases, IP participants assisted me in recruiting "their" surrogates to the study. However, even in these cases I mostly met with the parties separately.

IP participants

Individuals and couples commissioning surrogacy in India, referred to in the field and by me as "Intended Parents" (IPs), turned out to be quite easily accessible even outside the clinic. Ongoing recruitment in both Mumbai and Scandinavia between August 2012 and September 2013 resulted in the participation of 32 individuals, comprising seven heterosexual couples, seven gay couples, two men whose (male) partners were not available for participation and two men identified as single fathers. The majority of the IPs were recruited through snowball sampling set out in my personal network and via contacts I made at the Mumbai apartment complex where I had rented a flat, which was also the temporary home to a considerable number of Western IPs during their stay in India. Contact with three recruited couples was established via a clinic, while a coincidental encounter in another Mumbai setting resulted in the recruitment of one couple.

The recruitment criteria for IPs was that they had, at some point, initiated a surrogacy arrangement in India. Most IP participants had completed, or were going through, the whole surrogacy process during my fieldwork. That is, 11 of the couples and all of the four single men are parents to one or two children born through surrogacy in India. Most of these children were born during or within months prior to my fieldwork. In two cases the participants' children were older: one and two years old, respectively. Three couples were in a surrogacy process when recruited, but never had a child through surrogacy in India. In two of these cases several unsuccessful surrogacy attempts had been conducted before withdrawal, in the third the couple withdrew from the process before formally entering a contract.

All the IP participants were from Western countries. All but four individuals were living in Scandinavian countries. The ages ranged from 25 to 52, the average being around 40 years. Most were middle class, working in sectors such as education, research, sales, the public sector and NGOs, while some had lower paid jobs within the health or care sector, and some had managerial jobs, placing them in the upper-middle class.

The total population of Scandinavians commissioning surrogacy in India within the time span covered by this study is very small. Therefore, as a measure of anonymisation, I will use the general term "Scandinavian" throughout the thesis rather than specifying nationality.

Furthermore, certain characteristics, life stories and details related to the surrogacy experience have been changed in order prevent identification of individuals.

My interaction with the IP participants ranged from a single meeting for an interview to very close and frequent contact over time. In Mumbai I spent time with IPs in hotels, restaurants, the consulate, the hospital, shopping malls, and sometimes sightseeing, not to mention the numerous hours spent in taxis stuck in Mumbai traffic. In Scandinavia I have visited 11 homes, met family and friends of the participants and to some extent accompanied them during activities outside the home. In addition, I have had continued electronic and/or telephone contact with all, some frequently, and some up until the present date. Field observations were recorded as field notes, usually written up at the end of each day rather than during my interaction with participants.

All IP participants – with one exception[31] – have given in-depth semi-structured interviews lasting between 50 and 160 minutes, while most were between 90 and 120 minutes. Couples were interviewed together.[32] Eight couples were interviewed twice, three of them in Mumbai and in their Scandinavian homes as well. Six couples and one single man were interviewed in their homes only, as my stays in Mumbai did not coincide with theirs.[33] In two of these cases I interviewed the couples at home before their travels to India and then again after they had returned with their children. Interviews were recorded and later transcribed, with the exception of two interviews, during which I took notes. On three occasions I arranged a screening of a documentary film on surrogacy in India (Sharma, 2012) with individual IP couples, followed by a discussion of the film of which I took notes. Interviews in Mumbai usually took place in the IPs' hotel rooms. Unlike the surrogate participants, the IPs did not travel for interviews and were thus not offered transport reimbursement, lunch money or any other economic compensation.

[31] This participant was never formally interviewed, simply because all topics had been thoroughly covered during the numerous hours we spent in each other´s company during a total period of three months in Mumbai.

[32] In the case of one couple, only the husband was present for the first interview, whereas both participated in the second.

[33] One couple changed their decision about surrogacy in India and, in fact, never travelled to Mumbai.

Table 1. Categories of IP participants

1: Frequent and extensive contact in addition to interviews, visited home etc.	**2: Contact in addition to interviews, met in more than one setting (physical meetings and/or extensive electronic contact, home visits etc.)**	**3: Met only for interview, some additional contact online.**
Peter and Carl	Emma and Sebastian	Martha and Axel
John and George	Nina and Frank	Erik and Anna,
Paul	Alexander and Elias,	Susanne and Roger
Robert and William	Mark and Sarah	Samuel
Victor and Daniel	Camilla and Christian	Matias
Benjamin and Christopher	David	
	Simon and Phillip	

Gay men represented 25 of the 32 participants and are, thus, more represented in my sample than in the general population of commissioning parents going to India.[34] This overrepresentation could simply be due to my recruitment method; snowball recruitment led me into networks of predominantly gay couples. However, I also experienced that gay couples and singles were more easily recruited. Heterosexual IPs seemed more inclined to turn down invitations to participate and appeared less motivated to assist me in further recruitment. Moreover, the IPs with whom I formed the closest relationships were all gay men (see table 1). To some extent this can be explained by coincidences in the timing of our Mumbai stays; the closest relationships developed mainly over the course of weeks or months in which the IPs were in Mumbai, restlessly waiting for babies to be born or documents to be issued. This gave them ample time to spend with me for my research project.

Moreover, boredom and a desire for company may have increased their motivation. Personal chemistry, of course, also played a role in participants' willingness to engage with me. However, I believe the asymmetry also relates to the fact that engaging in surrogacy was to some extent charged with different emotional experiences for the two groups respectively. Painful feelings such as defeat, shame and sorrow were more often part of the heterosexuals'

[34] No official record was kept of the respective proportion of heterosexual couples and gay/single men commissioning surrogacy in India during the years when gay couples and single men were accepted. However, it is safe to assume that heterosexual couples formed the majority even in these years.

surrogacy trajectories and experiences than for gay men. I will return to these differences in Chapter 2. In this context my point is that gay men may have had a more positive attitude toward their own surrogacy story, making them more motivated to thematise and share it. The predominance of gay male participants obviously also produces different findings and analyses than would a differently configured sample in terms of gender and sexual orientation.

Surrogate participants

Whereas access to Western IP participants was for the most part easily obtained, recruiting Indian surrogates was extremely challenging to begin with. Clinic A did grant me access to one of their surrogate homes early in my fieldwork, resulting in the recruitment of one pregnant surrogate for an interview. However, it became clear – to my surprise – that the clinic management required a representative from the staff present during my interviews, which I found problematic both in terms of methodology and research ethics.[35] When I brought this up with the management, my access to the clinic was suspended, pending a meeting to clarify the terms for their assistance to my study. This meeting was repeatedly postponed by the clinic due to more pressing matters on their side and, despite my repeated efforts, did not take place until almost three months later.

Time and money running out, alternative routes had to be tried, such as NGOs, research colleagues and other clinics. Following weeks of failed initiatives, I gradually succeeded in establishing contact with former surrogates with the help of two units of IPs and one other person. After spending the necessary time and effort to build trust and understanding for the project, a snowball effect from these three contacts resulted in the recruitment of 34 women outside the clinic. Some of these, however, were later not included in the material due to ethical concerns that will be discussed in detail below.

[35] The official reason given for this requirement was that the surrogates would not feel comfortable meeting my assistant and me on their own.

Among the 27 women I have chosen to include in the study, six were in an active surrogacy process during my contact with them.[36] Three were pregnant, one had recently miscarried and two were in the initial phases of the process and not yet pregnant.[37] One had delivered only a week prior to our interview and had not yet received her full payment. The remaining 21 had acted as surrogates in the past, between three years and four weeks prior to our meeting. All but one had given birth to live babies, five of them to twins. Four women had acted as surrogates twice. Around half had been employed by (or initiated a recruitment process with) Clinic A or Clinic B. One had worked for both. The remaining women had worked for other clinics, all except one located in Mumbai or its outskirts. One woman had travelled to a clinic in another state. A majority had been contracted by clients from abroad, but some had had clients from India itself.

Though most were not currently in a surrogacy process, surrogacy and the fertility industry in general were present issues in their daily lives nonetheless; a considerable proportion of the former surrogates actively considered repeating the process. At least half of them had also donated eggs, and six went through a donation process during my fieldwork. Some of the women occasionally did other work for the fertility business, mostly in recruitment and care-taking of surrogates and egg donors. One of the participants worked full time as an agent for a clinic I have no first-hand information about.

Language

When designing my project it became clear that an interpreter would be necessary for parts of the fieldwork, and this was planned for and reflected upon before its onset. I gained some very basic skills in Hindi over the course of my fieldwork, which towards the end enabled me to carry out short conversations and understand in rough terms the topics of conversation if not the exact content. However, my contact with surrogate participants, most of whom spoke no English, largely depended on the help of a translating research assistant. An MA in

[36] Surrogates in active processes were harder to access without cooperation with a clinic as a direct consequence of the strong control exercised over surrogates while in the process, discussed in detail in Chapter 5.

[37] Of these, one woman later had her contract terminated when the clinic discovered she was abusing sleeping pills. The second underwent an embryo transfer that did not result in pregnancy, and it was unclear whether or not she would go in for new attempts.

Economics Nausheen Khan was recruited for this purpose with the help of colleagues at the Shreemati Nathibai Damodar Thackersey (SNDT) Women's University in Mumbai, where Nausheen had graduated.

Historically, according to the fieldwork ideal stemming from Malinowski, ethnographers should learn and conduct fieldwork in the local language. Such language competence has been taken to be a precondition for understanding other people and their lives. It has, however, been argued that although a common practice, the use of interpreters to overcome a fieldworker's lack of, or insufficient, language skills has to a large extent has been "muted" in the anthropological literature, leaving issues of language skills and their possibly inaccuracy unaddressed (Borchgrevink, 2003). Such silence may have impeded an open discussion about both problems related to language competence in general and the challenges involved in the use of an interpreter in the field (ibid).

Nausheen is fluent in English, Hindi and Marathi, the local language of Maharashtra. Trained in a social science and nursing a general interest in the topic, Nausheen was very capable of understanding the aims and objectives of the study. She was nonetheless inexperienced with qualitative methodology. Thus, as recommended when translators are used in ethnographic fieldwork (Borchgrevink, 2003; Desai & Potter; Moen & Middelthon, 2015), I trained and prepared her for the task to the best of my ability, and encouraged reciprocal training and learning as an on-going process. For example, in the "waiting periods" prior to and during the fieldwork, she and I met regularly for discussions on research ethics, qualitative methodological principles in general and interview techniques in particular. During the fieldwork, we also had routine "debriefings" after visits to the field, in which we evaluated and addressed challenges involved in our work and collaboration.

Not being able to communicate directly with participants, nor sufficiently understand verbal interaction between participants and others obviously posed challenges to the fieldwork. However, the practical-technical disadvantages of working with a translator instead of relying of one's own linguistic skills must be weighed against the positive effects of collaborating with a local assistant (Borchgrevink, 2003). Nausheen and I formed a research team for the "Indian side" of the fieldwork, making her my co-researcher rather than a translator external to the project. An extremely quick learner, Nausheen made valuable contributions to the

refinement of our research methods and conduct, such as suggesting ways of posing questions or how to go about recruitment. Moreover, Nausheen proved an invaluable asset for my interaction with participants far beyond her language skills and training. As the issues we were working with were very sensitive in the local context, I benefited greatly from her cultural competence and her unique personal ability to ease awkwardness and tension alike and to inspire confidence. In addition, although educated and upper middle class, it proved to be an advantage that Nausheen was from the Muslim minority in India rather than from a Hindu upper caste, especially in our interactions with Muslim surrogates (particularly in one case in which we had extensive contact over time) and, perhaps, even in the case of Hindu surrogates, predominantly low caste (cf. Berreman, 1962). Finally, Nausheen also contributed to the quality of my fieldwork as something of a key informant (Borchgrevink, 2003; Moen & Middelthon, 2015), whom I could consult, both as an individual knowledgeable of local culture, and as a social scientist for interpretations and analyses of fieldwork event and relations.

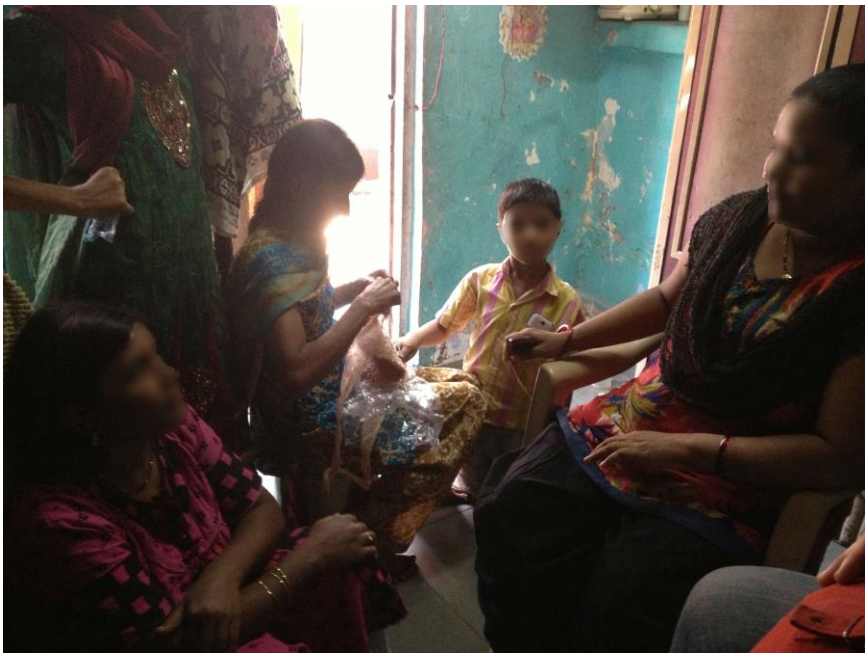
Interviews conducted in Hindi or Marathi were transcribed and translated by Nausheen according to my requirements, and conveyed through relatively close cooperation and thorough evaluation of her first transcriptions. My lack of competence in local languages required awareness of translation pitfalls and double-checking of the data recorded. Hence transcriptions were thoroughly revised. My transcriptions are "verbatim" (Oliver, Serovich, & Mason, 2005), as opposed with those produced by Nausheen, and these differences may be noted by the observant reader. Given the challenge of both transcribing and translating interviews at once, Nausheen's transcriptions are somewhat more *denaturalised* than my own, i.e. what is recorded is largely the content of what was said. Elements such as stutters, hesitation and unfinished sentences – largely included in my work – are left out in hers. Non-verbal vocalisations such as laughter and crying are noted, however. To ensure the richest possible impression of the individual interview, transcriptions produced by Nausheen have been analysed with reference to my field notes from the interviews, which usually give descriptions of the general atmosphere of the encounter, non-verbal communication and mannerisms of the participant, as well as things that drew special attention, e.g. episodes, unusual reactions, etc. Furthermore, whenever confusion or discrepancies between my recordings and Nausheen's transcriptions have occurred, these have been cleared up in collaboration between the two of us.

Lata

One of my relationships with the surrogate participants was exceptional in several respects, the one with the former surrogate I have called "Lata"[38]. Due to Lata's basic knowledge of English, and her quite unusual skills of non-verbal communication, I established my contact and interacted with her mostly without Nausheen's help.[39] I had very frequent contact with Lata from October 2012 to February 2013 and then almost daily from May to August 2013, usually in form of visits to her house. I was introduced to most of her family, friends and neighbours and, whenever I could, I spent my days at Lata's house or accompanied her on her business in multiple arenas: workplaces, shopping, visits to friends and family, weddings, birthday parties and other ritual occasions, including at the temple. Lata also took me along on a four-day-long visit to the city of her maternal kin to attend a funeral and to reconnect with family members she had not seen since childhood. Lata and her kids, more rarely her husband, visited my Mumbai home multiple times, and formed friendships with my family, and on a couple of occasions our two families went on excursions together. Among the numerous things my relationship with Lata taught me was the degree to which spoken language is only *one* form of communication. During the hundreds of hours she and I spent together we relied largely not only on body language and patience to overcome the language barrier, but also on a mutual trust and willingness to risk awkwardness and confusion. Lacking the resource of subtle and sophisticated language, communication between us became more "raw", more invested with vulnerability, and in some sense more equal and intimate than it would perhaps have been if our interaction had been more structured by the grammars of a common language and culture. This intimacy, I believe, had methodological implications as it added to my empathic understanding of Lata's experiences in ways that more linguistically smooth interaction perhaps could not (see text box on page 68).

[38] All names of participants have been changed.

[39] However, Nausheen was occasionally present, and both Lata and I would then sometimes take the opportunity to clear up issues that had been discussed between us that had remained unclear due to language problems. On certain occasions we would telephone Nausheen for the same purpose. Nausheen also translated when we conducted formal interviews with Lata, from which some of the quotations in the text are taken.



Home visit to a surrogate participant. Family and neighbours have come to join the conversation

Participant teaching me to make rotis (bread).

August 2013

Lata and I, sitting sideways on the train berth in the exact same position: one leg, shoeless, pulled up under our bodies, the other, shoe in place, on the dirty floor. Facing each other, like a mirror.

Behind us South Mumbai by night, colonial Victoria Terminus and its grandeur, the magnificent lights of Marine Drive. Surrounding us the suburbs with their fancy housing complexes and endless slum colonies.

Ahead of us: a long night's journey to the hometown of Lata's maternal kin.

An uncle, an especially dear one, has passed away. He and his wife cared for little Lata and her sister after the death of their "first father" when their mother had gone to another state to work. The trip has been planned and discussed for days. Lata has been determined to travel, but going unaccompanied would be both inappropriate and uncomfortable. She wanted to take her sisters, but Sushma was nowhere to be found; her neighbours said she had gone to her husband's village. Aruna's new husband didn't trust her enough to let her travel. Her husband Santosh was unwilling. Lata's friend, Bushra, was in the surrogate house, pregnant with her second surrogate baby. Another friend, Nisha, was newlywed and did not want to leave her husband so soon. Witnessing her quest for a travel companion, I didn't want to impose on her with offers to help out, but I readily agreed when she asked, "Krishtina, we go together?" Sure I would go.

And now we are on our way. Both dressed in *kurtas* and matching *churidars*, slippers on our feet. Lata, as always, slightly more well-groomed than me, with her *bangles*, her *sindoor* and her *bindi*. And her long, thick hair neatly pinned against the back of her head (She has offered me her comb for my unruly hair twice since we sat down). Lata has packed water bottles, one for her and one for me, as I still tend to spill like a two-year old whenever I try drinking the way Indians do, pouring the water straight into the mouth, avoiding any contact between the bottle and the lips, so that bottles can be shared. For dinner she has made *aloo bhaji*, the *dry* version. Ever-thoughtfully. Lata knows how hard I find eating anything with gravy with my hand.

She unpacks the food and we start eating, mirroring each other. From the same *tiffin*, we use Lata´s delicate *rotis* to transport the chunks of deliciously flavoured potato and onion from the container to our mouths with our right hands. Sparked by the sweet, spicy, wonderful taste, a sudden and surprising sense of intense happiness flows through me. I am in a dirty, cramped and smelly Indian second-class train car, surrounded by voices speaking words I do not understand. And I feel so utterly comfortable and content, so connected, so embraced by our togetherness.

I look up and find Lata watching me, smiling tenderly. She places a flat hand on the left side of her chest, and declares in her broken, but amazingly efficient English: "I remember this moment – together".

I am so moved I feel my eyes watering. I know exactly how she feels.

Table 2. Categories of surrogate participants

1A: Very close, frequent and extensive contact	1B: Frequent and extensive contact in several arenas, visited home, met family etc.	2: Repeated interviews and/or met in more arenas	3: Met once for interview + limited telephone contact
Lata	Fatima	Anjali	Saroj
	Neha	Tahira	Amina
	Nisha	Lalitha	
	Nadia	Namrata	
	Misbah	Jamila	
	Saraswati	Leela	
	Parvati	Jyoti	
	Preeti	Bushra	
		Saveetha	
		Beena	
		Rupa	
		Farah	
		Aisha	
		Sultana	
		Mansi	
		Uma	

Fieldwork among Surrogates

With a larger group of surrogate participants (see table 2), Nausheen and I formed close, though less intense relationships. These women invited us for visits, in some cases regularly, and introduced us to their friends and families. One participant invited me to her wedding, and even included me in arranging it. The most important arena for contact with surrogate participants, in fact, became the ones emerging from the fieldwork itself. My closest contacts among the surrogates took active part in recruiting new participants, and as they usually accompanied the recruits to interviews, their involvement entailed regular occasions for more informal conversation. Visiting surrogate participants' homes, it was not uncommon for us to find other participants visiting as well. During the last phase of the fieldwork, we actively recorded conversations about relevant topics among the participants on such occasions when women were gathered in groups, provided that the women consented. On four of these occasions the aforementioned documentary film about surrogacy in Mumbai was screened, and a total of 10 women viewed the film.

Semi-structured interviews were conducted with all the women recruited. Interviews lasted from 30 to 130 minutes.[40] Surrogate participants who travelled for formal interviews were offered reimbursement for their travel expenses and a meal. Five women were interviewed individually on two separate occasions. Two follow-up interviews, one with a surrogate who had delivered in the meantime, the other with a woman who had entered a second surrogacy contract and became pregnant, were conducted by Nausheen after I left Mumbai.

Clinic Fieldwork

As mentioned, I obtained a promise of cooperation from the management of Clinic A before initiating my fieldwork. Although very accommodating compared to other clinics which would barely respond to enquiries at all, it became clear some weeks into the fieldwork that the clinic would offer me neither the degree nor the extent of access I had hoped for. Some fieldwork was nonetheless carried out here: in an early phase I visited Clinic A twice for interviews with a total of five members of the staff. At a third visit I was accompanied by Nausheen and we were taken to visit a "surrogate house", i.e. a one-room flat close to the clinic where three pregnant surrogates were staying. Some months later the management granted me permission to spend ten working days at the clinic office. However, I was only allowed to bring Nausheen with me on the first day. These days were mostly spent accompanying one of the junior doctors on her rounds in the surrogate house that housed surrogates with risk pregnancies, and observing the clinic's psychologist in consultation with prospective and pregnant surrogates. One short visit was made to a second surrogate house farther away. I also spent time observing the staff in the open-landscape office, lunching with the staff and occasionally conducting informal interviews. On two occasions I was allowed to spend a small number of hours in the surrogate house. Three interviews with surrogates were arranged and conducted, but not included as data due to considerations to which I will return below.

[40] It should be noted here that required translations take up a considerable amount of the recorded time. Hence, although the average recorded interviews with surrogates was almost as long as the average among IPs, their efficient speaking time was much less. This was reflected in the length of the transcriptions, which ranged from six to 25 pages in the case of the surrogates, compared to 18 to 63 pages in the case of the IPs.

While the clinic was definitely superior as a site for studying clinic practices and understandings and, of course, interaction between clinic staff and surrogates[41], my own interaction with the surrogates at the clinics brought to light the advantages of recruiting and interacting with surrogate participants outside of the clinic employing them. In the clinic my contact with the surrogates was constrained by the lack of a translator who wasn't also part of the medical regime. Recruiting and studying surrogates independently of the clinics not only had the huge advantages of being unsupervised, I also believe that the fact that I was identified as unaffiliated with any particular clinic enhanced the participants' confidence in me and their sense of freedom to share information according to their own wishes. Furthermore, I could be included into the women's private spaces (and could, to some extent, include them in mine), opening new fieldwork arenas and enabling me to develop close relationships with the women. I believe this far outweighs the disadvantages of the limited representation of currently pregnant surrogates in the material, as well as the limited amount of interaction data from the clinic and related sites.

Two fieldworks? Issues of Representation

Do I feel at home in India because I am somehow? Although I don't know them, they know me, just by looking at me. They know people like me. They have learned what such people like and dislike, and what they must give to make me comfortable. When did I learn to receive, for the most part without even noticing their actions are aimed at pleasing me?

Field diary, June 2012 (translated from Norwegian).

How to make sense and understand the impact of embodying (post)-colonial power? As the excerpt above indicates, the embodied experience of finding my place in new terrain gave me an intuitive sense, more so than an analytic sense, of the impact of racialised power hierarchies for my position. My white skin linked me to a social universe in which, although it was often overwhelmingly unfamiliar, I was also "at home". I was acknowledged and always treated with respect, creating a feeling of comfort and safety. I was racialised, but in a way that was very rarely a disadvantage beyond trivialities. Rather, my body made people ascribe

[41] Very little activity including IPs took place during the time of my stay in the clinic. Due to renovation of the cooperating IVF lab, no IP clients came for new cycles during this period. There was also a considerable lack of clarity surrounding new visa regulations announced around the time for foreign surrogacy commissioners. This may also have contributed to the low traffic.

me far more power and importance than I am used to. Doors were opened to me, literally and figuratively. Most importantly, as unreasonable, unfair and immoral as I saw these privileges, there simply was no way I could renounce them or make them irrelevant.

With her concept of *whiteness,* Ahmed (2000, 2006) captures how the postcolonial global power relations discussed in the introduction are embodied and spatialised, resonating very clearly with my experience of privilege in India. Ahmed argues that colonialism has made "white" the universal unmarked category, making the world ready for white bodies. Distance, according to Ahmed, is embodied by the racial other, the non-white, making whiteness proximate, the starting point, even when white bodies move into non-white spaces. White remains the unmarked, the first in the binary opposition between white and non-white. Power is embodied and naturalised in ways partly unrecognised by the privileged, while still having very palpable effects on those marked by it. Thus, the privileged can practice both a very explicit anti-racist ideology and benefit from racialised hierarchical social relations without experiencing considerable conflict. And even in the cases where the conflict is recognised, as was partly the case with both me and the Western IPs, privilege remains.

Taking this insight as a starting point, I will discuss certain challenges of representation encountered in this study. In many ways, my fieldwork was split into two separate parts, producing separate sets of data on Indian surrogates on the one hand and Western IPs on the other. I only studied surrogate participants and IP participants a few times at the same time in the same locations during the nearly ten months I spent in Mumbai. As a basic methodological approach, I share Moen and Middelthon's (2015) view that knowledge production in qualitative research is a joint endeavour. Rather than "studying" people, participants should be regarded according to what Lassiter terms "epistemic partners" (Lassiter in Moen & Middelthon, 2015). However, as white, Western and educated middle class, my prerequisites for realising this epistemic partnership were not the same in my "two fieldworks". Obviously, as already touched upon, language was a crucial dimension here. With the exception of four interviews (with three different "units" of IPs), I conducted all my fieldwork with IPs, not only in a language I master well, but even in my mother tongue, Norwegian. Having attended to the practical challenges of not speaking Indian languages, I also need to address more complicated challenges for equal epistemic partnership related to issues of distance, sameness and difference beyond the practical-technical dimensions of

language. In terms of sophistication and sensitivity to the respective accounts, some degree of asymmetry has been inevitable. The multidimensional distance which I have suggested characterised the connection between IPs and surrogates is no less relevant in understanding my relations to surrogate participants as a Western, white researcher, accompanied by a research assistant who, although Indian, by virtue of her class also occupied a dominant position vis-à-vis the surrogates. This fact calls for self-reflexivity upon both my methodological and analytical choices: What are the implications of such distance for the epistemic partnership and the respective representations from my "two fieldworks"?

Spivak (1988) famously stated the fundamental challenges of representation in her essay, *Can the Subaltern speak?* She argues that Western discourse marginalises the voices of the so-called subaltern through *epistemic violence*. Due to such violence, the subalterns cannot "speak", i.e. define and inhabit a subject on their own terms – represent themselves if you will. The subaltern remains the "Other" and never gets to inhabit the position to Other someone else. According to Spivak, academic enquiries are not an exception to this. Rather than producing knowledge, projects like my own are just another instance of epistemic violence. Spivak's position has been accused of collapsing the Subaltern project (Nilsen & Roy, 2015), rendering representation of the voiceless futile in general. Retaining my belief in the feasibility of gaining new insights through engagement with people, I do however agree with Spivak that there is no pure intellectual space from which one can talk *on behalf of* the subaltern (ibid.). Production of knowledge, epistemic partnerships notwithstanding, is of course always shaped by power, and this point is in fact one of the main arguments of this thesis. Moreover, representation is always to some extent an act of translation rather than a reproduction of some essential, authentic subjectivity (Maggio, 2007). In my case, as in the case of the connections studied in this thesis, such translation is required on several dimensions.

Thus, I attend to the dilemmas implied by the differences that cannot, and never can be, escaped, by acknowledging them as an inherent property of the story told. In line with this, I will draw the readers' attention to a few consequences of asymmetry for keeping in mind while reading. On a methodological note, aspects of otherness and sameness produced very different relationships. Unlike the surrogates, IP participants competently made themselves epistemic partners, readily – often without hesitation – trusting me and accepting me as their

equal and as someone they could confide in. Being a *researcher*, I gained trust as a member of a presumably benevolent and ethical community and institution, helped by the status and good reputation of academia in our societies. Most IPs engaged eagerly with my knowledge production, both in and outside interviews, to a large degree pursuing their own goal of conveying another and more positive "truth" about commercial surrogacy in India. Although they were always polite and pleasant with me, most resisted my definitional power and claimed part of the control, both of the terms for and the content of our conversations, e.g. by questioning possible biases, challenging implicit assumptions in my questions, etc.

In the case of the surrogate participants, establishing a relationship enabling epistemic partnership took far more time and effort, and did not always fully succeed. Though probably also partly motivated by the opportunity to convey their "truths" about commercial surrogacy, the surrogates usually made few attempts to negotiate the agenda or question the terms of the conversation during interviews. Rather, they would often put their effort into giving us what they assumed we were after, i.e. answering the questions as efficiently as possible, even at times when what we asked for were subjective elaborations of their feelings, opinions, beliefs and reflections. Compared to the IP accounts extremely rich in words, narratives, and sometimes even strategic discourse, those of the surrogates often appear very matter-of-factly, somewhat laconic. This is especially the case for the surrogates with whom I did not establish close relationships.[42] Whereas the IPs' accounts were thick with self-reflection, with a meta-narrative on their own subjectivity and their relation to others, phenomena and events, the surrogate's self-reflection was more often woven into their accounts of their practices, their motives and their emotions. Elaborations and assertions typically occurred in contexts of confidence, usually after some time spent investing in the relationship. Establishing epistemic partnership thus demanded effort in terms of time and relationship-building through frequent contact, shared activities and lengthy conversations transcending the subject of surrogacy, covering everyday life, social relations and life stories. Such relationships gradually allowed for more equal and relaxed forms of communication, and more importantly produced more to "work on" in terms of self-representation. Once established, these relations proved hugely productive even beyond epistemic partnerships. Developing what Moen and Middelthon (ibid.) refer to as a "epistemic community", a smaller group of women gradually came to share their own stories, with each other and with Nausheen and me, producing "thick

[42] Contrastingly, the difference in the level of confidence and willingness to share between IPs I met only once and those I knew well, was much less, and in some cases unnoticeable.

descriptions" of their own experiences and how they related to a broader context not only of commercial surrogacy, but also the social structures shaping it. Hence, the thickness of the surrogate material is variable to a larger degree than is the case with the IPs, a fact taken into account in the analysis, and not least in my choice of examples and cases. Readers will notice that certain surrogate participants figure frequently and extensively in the text. These are the women whom I believe I succeeded in making my epistemic partners.

Furthermore, I have chosen to separate the analyses of IP experiences and surrogate experiences, respectively, first in separate chapters and in Part 4 in separate sections. Repeated attempts at a more integrated comparative analysis of their respective experiences and views have seemed to slip into IP domination, in terms of both space and perspectives. Thus I have felt compelled to keep them apart. I find this observation highly telling and relevant to the analysis I am about to present: how certain knowledges assumed a privileged position.

Ethical Challenges and Considerations

The power relations noted obviously also had an impact on research ethics in fundamental ways. Producing knowledge with vulnerable and stigmatised groups, on sensitive and in some cases very intimate parts of their lives, requires both ethically conscious methodology and sensitivity and consideration in the actual meetings with the individuals generous enough to contribute. In the following, I will account for, and discuss, how I dealt with ethical challenges in research, both on the formal and the practical levels, and how the requirements and realities of these two levels occasionally conflict.

A growing concern with the ethical issues inherent in all research within the research community and with the authorities has manifested itself both in a higher level of consciousness and ethical reflection in research practice and in stronger formal control of research ethics. This is not least true for the medical branch of the research community, to which I have been affiliated through my fellowship at the Institute of Health and Society at the University of Oslo. Throughout the 20th century, a conscious and formalised code of medical ethics has emerged as part of the bioethical field (Jecker, Jonsen, & Pearlman, 2007). While ethics and morality, including fieldwork ethics, have certainly held a place in the field

in which I was trained, Social Anthropology, less weight has been placed on formalised processes and issues in general and to informed consent, one of the cornerstones of bioethics, in particular. The protection of privacy and confidentiality has received far more concern (Fluehr-Lobban, 1994), and informed consent was only formally embraced by the world's largest organisation for anthropologists, the American Anthropological Association (AAA) in the late 1990s (Schrag, 2010).

The lukewarm interest in bioethically influenced ethical processes can be related to differences in the research activity itself, i.e. the general low risk involved in ethnography compared to biomedical research, to which the principle of informed consent was originally adjusted. It has been argued that formalised ethical processes are unsuited for the conditions of ethnographic research (Wax, 1995). Others have contended the compatibility of informed consent with ethnography, arguing that there is no reason to treat anthropological research differently from other research (Fluehr-Lobban, 1994). While the latter view seems to be gaining ground, the issue is still under debate (Bell, 2014), and concerns have been raised that bureaucratic institutions and procedures such as review boards and consent forms precludes a more conscious reflection on ethics and thus serve to as pass liability on instead of enhancing ethical conduct (Lambek, 2010a). Scholars such as Veena Das, central to the "ethical turn" discussed in the introduction, argue that the cornerstones of bioethics, such as informed consent and autonomy, are universalising concepts that are often highly unhelpful and irrelevant in the everyday lives in which ethical dilemmas are embedded (Das, 1999).

Although I agree with those who view formalised approval and consent processes as an appropriate way of sharing challenges and solutions in the field, my fieldwork has also opened my eyes to the limitations of such processes and to the pertinence of remaining conscious of these limits. I will return to these issues after going over how ethics were dealt with in my study. Firstly, an account on the formal side: An application to approve the study was submitted to the Regional Committees for Medical and Health Research Ethics (REK) in March 2012. This application was returned with a recommendation to approach the Norwegian Centre for Research Data (NSD) as the study was not considered medical research according to the Act on medical and health research (Health Research Act). Approval from NSD was obtained in May 2012 after some modifications were made to the recruitment design and the information sheet and consent form. Obtaining ethical approval for the

fieldwork in India, however, turned out to be a more tedious and complicated process than expected. In India such approval is mostly issued by internal Institutional Review Boards (IRB), rather than by independent institutions such as REK and NSD in Norway. The research team which I was a part of had sought Indian academic partners for a joint project on commercial surrogacy, ultimately without success. Although it was easy to find interested researchers, in several instances cooperation was surprisingly brought to a halt by institutional management, perhaps due to the sensitive nature of the study's topic. Thus, at the onset of the fieldwork, academic contacts in India were less formalised than planned and the project did not have formal affiliation with any Indian academic institution, placing me in a challenging position. The fieldwork was nevertheless initiated according to the time scope, while the search for a suitable review board continued. In May 2013 contact was established with the independent research centre, CMSIndia, in New Delhi[43], which offered to review the study. The review process was completed and approval was granted in September 2013. The CMSIndia review had no objections to the research design as outlined and conducted up until then. However, the Board pointed out that the information sheet and the consent form approved by NSD did not meet their requirements and recommended that I revise them and produce a new consent form. The substantial differences between my original forms and the recommended one were: 1) My form did not have a paragraph where risks were spelled out (though they were mentioned more implicitly), 2) It did not provide any information about local ethical approval, and 3) It failed to provide participants with a local contact point for enquiries and/or complaints according to the standards (Nausheen's and my names and contact information were stated, but this was insufficient as an Indian academic with institutional footing was required). This meant that the study design had approval from an Indian Review Board, except for the consent form used with interviewed participants. To resolve this, my research assistant translated, distributed and explained the revised form to participants, emphasising in particular the local contact point for complaints and enquiries, as this was the most significant difference from the original form. Considerable effort was put into distributing the revised forms, to the extent that Nausheen's employment was prolonged by a month, as the distribution required a large amount of travel in addition to the tedious work involved in tracking down new phone numbers and/or addresses. In the end, 27 women received the form and were thus included in the thesis. Seven women proved impossible to reach in spite of numerous attempts. We had no contact information for the five women who

[43] See http://www.cmsindia.org/?q=node Accessed May 25 2016.

were recruited with the help of the fertility clinic. Thus, 12 women that had been recruited and interviewed for the study were removed from the material before initiating the analysis.

I will return to the practical and ethical implications of the less–than-ideal approval process in India, but for now turn to discussing some examples of how ethical challenges were reflected upon and handled during the fieldwork. As discussed above, ensuring informed consent lies at heart of formalised research ethics and, thus, in my fieldwork as well through a continuous and reflective consent process. Consent was explicitly and repeatedly requested as the fieldwork proceeded and my relationships to the participants evolved: initial consent was requested by the third–party recruiter before any contact was established or disclosing participant identity to the researcher; written consent was delivered during the first meeting after the study was presented and the participants' rights were explained in the consent form. As a general rule, reconfirmed oral consent was also provided in the cases where the participant invited me to participate and observe in other areas of their lives. In the cases where my relationship to the participant grew especially close, I would – whenever in doubt – ask explicitly whether or not they wanted me to include information as data. This seemed especially pertinent whenever the setting was ambiguous or even explicitly private. However, exclusion and inclusion of information is a process replete with ethical implications, for which the researcher herself is responsible. This means that even in cases where consent was given, I have sometimes refrained from including information as data due to ethical considerations.

Given the stigma and sensitivity attached to surrogacy, securing confidentiality was perceived as especially important in this study. This was, of course, particularly so in the case of the surrogates, who often dealt with the inherent stigma by keeping their surrogacy activity secret. This factor gave rise to practical challenges with ethical implications, for which I was only partially prepared. While confidentiality was ensured on the drawing table using the usual tools, private interviews, securing written records, etc., when put into practice the confidentiality issue demonstrated how formal research ethics sometimes come into conflict with the realities of the participant's lives. The practical question of where to conduct interviews with surrogates turned out to be a challenge in the case of the surrogates. Interviews were planned to be conducted in a private place convenient for the participant. In the case of IPs this usually meant their hotel room, home or another location they suggested.

With the surrogates, it often proved somewhat difficult to find a location that was both private and convenient. Although a couple of women chose to conduct the first interview in their own home, this was – as expected – out of the question for most, as receiving a foreign woman would arouse questions and suspicion among their communities. The option I provided, using the Mumbai suburban flat where I stayed, was acceptable for a number of the participants. However, I soon realised that I had underestimated the potential alienation and discomfort produced by an environment so dramatically different from the surrogates' own, underlining the class inequality between them and me and creating awkwardness and distance in some cases. The risk of arousing suspicion by entering a house of a foreigner, in an environment where they had no other plausible business, also complicated matters.

We offered women recruited from one specific network to meet us in a private home in a Mumbai suburban slum, whose female resident, aware of the challenge, had agreed to host interviews. This woman had been a surrogate herself and she was known to most of the participants interviewed in her home (she recruited some of them herself). Nearly all the participants given this location as a choice opted to accept, despite knowing that a small family home would be less private than my flat, though maybe more so than a public place (e.g. a park or restaurant). Although its residents would usually leave the house during interviews, occasionally work had to be done or items had to be fetched and the woman and her children would enter the room during an interview. As it was inevitable that this woman did come across confidential information through her role as a hostess, she was asked to sign a declaration of confidentiality.[44]

Meeting in a "neutral" spot not in their own area, but in a similar, more familiar environment seemed to be valued over privacy, i.e. solitude, solid walls and closed doors.[45] Privacy in its strictest sense was also limited by the fact that the participants, with very few exceptions,

[44] This seemed pointless in the case of the children, who were very young.

[45] Even I, it turned out, felt far more at ease conducting interviews in this location than in my own flat. This was, of course, in part because I was freed from the practical role of hostess and, more importantly, because my own wealth and background was less on display. Another factor, I believe, was that my willingness to engage in and understand the real experiences of these women may have seemed more genuine to them when meeting them in a slum, seated on the floor or on the only bed, and partaking of the tea or food served. This again evoked trust and sympathy. On a methodological note, the interviews conducted in familiar circumstances also seem to be of better quality, probably because of a higher level of confidence and connection between the interviewers and the participants.

came to the interview accompanied by one or more persons for support, usually a female friend, a sister and/or the person who recruited them to the study. Two women came to the interview accompanied by their husbands. For most of these women, travelling from their neighbourhoods and talking to strangers about sensitive and personal issues was challenging enough. Insisting that the surrogates do this on their own – which was highly unusual for them – would in our judgment be far less ethical than to negotiate the ideal of privacy.

A more unsettling case of deviation from the formal norms in terms of privacy and confidentiality took place in Clinic A. The clinic required that interviews with surrogates happened at the clinic with a representative from the clinic present. Arguing to the management that this was not in line with research ethics, I was informed that the presence of clinic staff was the wish of the surrogate, who would not feel comfortable meeting me and my assistant, who translated, on her own. Realising my only other option was to give up interviewing pregnant surrogates in the clinic, and thus exclude this important group from my study, I conducted a total of three formal, and two semi-formal[46] interviews under these suboptimal circumstances. For two of these I was not allowed by the clinic management to bring my assistant and thus had to rely on the clinic staff for translation. Conducting interviews about the surrogacy experience in the presence of the surrogate's "employer" was, of course, by no means ideal in terms of methodology. In terms of ethics, it might have been highly problematic for at least two reasons. Firstly, the genuineness of the informed consent was at question as it may be difficult for the participant to express her reluctance with a representative from the clinic present, even more so when this individual is also the translator (i.e. the participant has no direct verbal contact with the researcher). It was unclear whether she was even given a choice when asked to talk to me. Secondly, the content of the interview, questions asked and answers given, may have caused the participant severe discomfort or even put her relationship with the clinic at risk. The latter was to some extent solved by modifying the interview guide and eliminating questions concerning the clinic itself. The participant's experiences with it were not asked. It must not, of course, be taken for granted that the presence of clinic staff was in fact unwanted by the participant or more uncomfortable than being alone with me and my assistant. I framed the question of how ethically problematic the situations were as an empirical one: Was the participant genuinely willing and motivated

[46] In these cases we had not planned to conduct interviews during the clinic visit in question, hence interview guides and recording equipment were unavailable.

to give an interview? Was she uncomfortable with the presence of the clinic staff? My formal instruments, the information sheet and the consent form, could not help me out, nor could I seek answers to these questions by asking the women directly, thus I had to rely on my own ability to read her body language and "between the lines" of her account. In two of the cases in particular, the women seemed extremely uncomfortable and both broke down in tears. On both occasions the doctor in charge of the pregnant surrogates, who monitored them twice daily, was present – once as a translator whereas on the other occasion both the doctor and the clinic's psychologist, also serving as interpreter, were present. Though tears were very common in my fieldwork, these situations were different in two senses: the outbreaks came somewhat abruptly and were not anticipated by me, and I did not succeed in maintaining a safe and comfortable atmosphere during the outbreak by "hearing out" the participant and then "closing" the subject when I felt she was ready to move on. The contact between the participant and me was less direct and less relaxed than in my other interviews. This perception may or may not have been caused by the different interview setting and/or the recruitment. However, my uncertainty about this, and thus about the ethical legitimacy of the data produced, is so great here compared with the other cases of reduced privacy, that the interviews were never transcribed nor included in the study in any other way.

Ensuring confidentiality was also a constant challenge during participant observation in the surrogates' daily lives as their engagement in surrogacy was unknown even to family members, close friends and neighbours. Hence, the true reason for my presence could never be revealed to anyone I met in the field unless I was 100 per cent sure that it would not cause my participants any problems. Direct questions about my identity, motives and intent did of course arise on these occasions. Therefore, I kept close dialogue with each participant to minimise the risk that she would be identified as a surrogate to people she wished to keep in the dark, asking what I should tell whom, and keeping quiet when unsure. When required, we – the participant and I – developed plausible "cover stories" together about our relationship with the participant (e.g. that I was working on a book on Indian women or on poverty or that I was an ex-pat housewife who wished to learn about Indian culture through the lives of ordinary people). In such cases, confidentiality for key participants was prioritised over informed consent for individuals who were in limited contact with the research.

Challenges of research ethics appeared frequently throughout the fieldwork, most of them impossible for any review process to prepare me for. This invoked an almost constant awareness about potentially problematic sides of our conduct. Countless consulting emails were sent to supervisors and colleagues, both in India and Norway, and fieldwork ethics were more often than not part of the debriefing conversations between Nausheen and me. Specific examples include the former surrogate who had not been provided with the contact information of the IP and approached me asking me to locate him and subsequently to help her to get in touch with him. Based on the name and nationality she stated, I immediately realised that tracking this person down would be an uncomplicated matter for a literate person with access to, and knowledge of, the Internet. But was it ethical for me to do so? Another example is the intended father who asked me to be stand-by and go to the hospital and take care of his baby in case his surrogate delivered prematurely. What is more ethical: to agree to help the most vulnerable of the vulnerable – a premature infant – or to carefully and consistently maintain the boundaries between the roles of researcher or friend? Furthermore, money was a constant ethical issue throughout the fieldwork, as participants regularly solicited payment for participation beyond transport reimbursement or asked for private loans, etc.

My experiences illustrate the range and complexity of research ethics, of which review processes address only a selection, requiring ethnographers to develop and sustain a high level of ethical sensitivity and reflexivity. Compared to the sometimes overwhelmingly complex and challenging ethical dilemmas we met in the field, the suboptimal formal approval process could appear less serious and significant when in the field. Yet the implications of a delayed approval process obviously needed to be taken seriously, examined and discussed. In my opinion, the most crucial question here with regards to the ethical legitimacy of the study would be: Were participants harmed by the delay in distributing consent forms which, in line with the recommendations of CMS, were unlike the original form and included information about potential risks, the board and a local contact point? We viewed distributing the revised form as unproblematic, although it might have seemed strange or confusing to the participants at first. Those who did receive the form accepted the explanation that "rules for research" differ from country to country, and that both Norwegian and Indian rules had to be followed in our case. Often participants responded by stating that they had no reason to complain, confirming their willingness to be part of the study. As such, the process of distributing the

forms somehow served as a confirmation that we had succeeded in giving the women a positive experience from participating, and that they felt respected and taken seriously. The majority were happy to meet us again, and quite a few had been seen regularly in previous months. I have already argued that the study's consent process was thorough and sensitive, exceeding requirements from both the Norwegian and the Indian Board in terms of measures taken to ensure genuine informed consent and the right to withdraw. I feel convinced that the consent process as a whole was satisfactory in all cases included in the study. For this I find support in the code of ethics of the AAA: "It is the quality of the consent, not its format, which is relevant."[47] More generally, the case illustrates the tension between more decontextualized formal research ethics and ethics as a dialogic, reflective and practical-pragmatic process, suggesting that one and the very same manner of conduct in a research project may meet one ethical standard but not the other. In these cases it is not given which standard has priority. Everything taken into consideration, it is my conclusion that our conduct in the field was ethically sound.

However, there is every reason to accept some self-criticism for the delay in seeking ethical approval in India. In light of the postcolonial critique discussed above (Chaturvedi, 2000; Said, 1979; Spivak, 1988), carrying out research solely with formal approval from one's home country is obviously problematic. However, in my case, this was far from tantamount to a complete disregard of the valuable competency and local knowledge of the Indian academic community. While my home research community had, as mentioned, somewhat weak formal bonds to Indian academia and hence could be of little help in the formal process of approval, I did consult several Indian scholars on ethical and other professional matters before and throughout the fieldwork, including Dr Arima Mishra at the Azim Premji University, who functioned as external contact point for the revision of the forms, Professor Veena Poonacha at the Research Centre for Women's studies at SNDT Women's University and Amar Jesani who was, at the time, editor of the Indian Journal of Medical Ethics.

Based on my experiences I feel compelled to underline that the complexities of fieldwork ethics necessitate a continuous critical gaze on the ethics of one's methodology. Given the

[47] http://ethics.aaanet.org/ethics-statement-3-obtain-informed-consent-and-necessary-permissions/ Accessed May 25 2016.

fieldwork's nature as a voyage into the unknown, this responsibility can, to a very little extent, be left to the Institutional Review Boards. It rests and remains with the researcher far beyond ethical certificates. I assume it fully.

Chapter 2: “I Did Not Want to Live the Rest of My Life without Children.” The IPs’ Trajectories to Surrogacy in India

Prologue: A “last chance”

“Surrogacy was for us, like, it was our last chance of becoming parents,” Nina declares to me, while tenderly clutching three-week-old Theo. I am sitting with Nina and her husband, Frank, in a luxurious hotel room in Mumbai. For the couple in their late 30s, a long and painful quest has finally come to an end. Years of agonising over their childlessness are finally over.

Nina: “I have never seen Frank cry about it. But I have. Lots and lots. My friends got pregnant one after another. And their kids are now like eight or nine, and we got married three years before them... You look at them having all these kids and you, yourself, just... I wasn’t depressed about it; I didn’t cry every day... But Christmas is hard, Mother’s Day is hard. Like sometimes kids’ parties are hard, because all the mums go with their kids to the table and I am by myself with the boys. Because we were the only ones. The only ones. Everyone else had kids.”
Frank: “I was telling Nina, guys hate going to kids’ parties... You see sometimes only the mum goes, the guy doesn’t even bother to go. But I have been to every single one of them...”
Nina: “I think to us it goes out of dimension. Because we have struggled so much we appreciate it more. I think everyone else takes it for granted. When you just fall pregnant... it is normal, you just fall pregnant and you have a baby... You get married, you have a baby... But for us, it has not been like that. Next month it will be 12 years that we have been married. So you know, it was a long way.”

Over the years, increasingly complicated health issues on Nina’s part made a normal pregnancy less and less feasible, and after around eight years the couple started looking into other possibilities. Remaining childless was never an option. Both surrogacy and adoption were considered. They chose the latter as surrogacy seemed too expensive at the time. For two years Nina and Frank prepared to become adoptive parents. Then the process was

brutally interrupted; Nina was diagnosed with cervical cancer and needed a full hysterectomy. Although the cancer was cured after a relatively short time, her status as a former cancer patient meant Nina was no longer eligible to adopt.

Afterwards, Nina and Frank began taking all possible measures to overcome the financial obstacles to what they saw as their final option: surrogacy. It had to be abroad, and it had to be India; anywhere else was financially out of reach. Giving up was also out of the question.
Nina: "I couldn't accept that I couldn't be a mother, because I think I was born to be a mother. Like, I love kids and have babysat kids my whole life, like..."
Frank: "She is godmother to five."
Nina: "I'm the godmother of five kids, and… I'm not fantastic. I'm like everyone else. It's just me. And doing surrogacy... (…) It wasn't easy, like you know, people think we're rich, we come here and we're rich. You know, but no. Like, we've taken out loans, and Frank has worked two jobs for the whole year while at my job I was working nightshifts to be... to work on top of my normal work and… It was crazy, but it was like:

'We have to do it'."

Introduction

"The surrogate and the couple, we all came together out of desperation," Fatima observed about the unlikely link between her and a gay Scandinavian couple. Such "desperation", meaning the events, experiences, desires and conditions leading the IPs and surrogates to perceive commercial surrogacy (in India) as a viable option, will be explored in the following two chapters. Although their respective pursuits, for a child on the one hand vs. money on the other, might seem very different at first glance, similarities also existed. Varieties of what Fatima describes as "desperation" were essential to both classes of trajectories. These included experiencing marginalisation for one, as well as the need to pursue something not easily renounced and, apparently, not achievable by other means. In addition, for both parties, engaging in commercial surrogacy entailed challenging moral boundaries, causing moral discomfort that had to be addressed and resolved.

The prime mover of the IPs' trajectories, of course, was the desire described by Nina and Frank in the prologue: to become a parent, having a child that was theirs. In this chapter, I examine the IPs' trajectories, i.e. the ways in which their pursuit for a child led them to pursue commercial surrogacy in India. I will discuss their experience concerning reproductive marginalisation and how they legitimised (re)claiming entitlement to a child. I will also explore how specific meanings and values related to "having a child" made commercial surrogacy in India a meaningful and attractive option, also arguing that the availability of affordable commercial surrogacy may have shaped notions of the meaning of "having a child", especially in the case of gay men.

Experiences of Reproductive Marginalisation

I will begin with a brief account of the reproductive marginalisation in which the IPs' decision to go to India was embedded. All participating IPs shared an experience of not getting the help they needed to have children. All heterosexual IPs had experienced some variety of what Inhorn & van Balen (2002a) term "disrupted reproduction" due to causes such as gynaecological cancer, recurrent miscarriage or other untreated or untreatable conditions. For these heterosexual couples, as well as for the gay couples and single men, the reproductive assistance of a third party (and sometimes also a fourth) was required in order to fulfil their desire to procreate. When such assistance was illegal (surrogacy) or largely unavailable for other reasons, their marginalisation could thus be understood as an effect of "stratified reproduction" (Colen, 1995; Ginsburg & Rapp, 1995), empowering certain people and disempowering others according to particular criteria such as sex, gender, health, age and class (Franklin, 2011; Melhuus, 2005).

More than ART regulations, the need for many of the IPs to seek "reproductive exile" (Inhorn, 2011) in India was linked to the fact that adoption was not an available option, which Nina and Frank's case exemplifies. Another similar case involved Susanne and Roger, in their 40s at the time of the interview. They entered into an adoption process after many years of trying to conceive by both unassisted conception and using ART. Despite being resourceful in many ways, highly educated, professionally successful and financially well-off, the couple was eventually rejected as adoptive parents.

Susanne: (…) There was no explanation, no medical reason why we did not succeed [in conceiving]. It was not as if one of us could not have kids, but it just didn't happen. So we

went through a process in which we decided that, ok, it was not very important for us to have our own biological children, but we did want to become parents because we love kids a lot. So we initiated an adoption process. It was an… almost a traumatic experience. We lived in District A, and I felt we were treated very badly. Firstly, our application was submitted months before they even opened it. And when we called to check if there was anything we could do to speed up the process we were told, "No, nothing can be done, we are more than busy handling what we are legally obliged to do, adoption is at the bottom of the pile. And your application is at the bottom of that bottom. So if this is important to you, why don't you move to district B? No one else can afford adoption there."That was what they told us, basically.

K: Oh!

S: And "career women not prioritising children in due time can't expect the government to come and fix things for them once they suddenly are ready to order children." That was their attitude, and it was… I cried for a week afterwards, I felt so offended.

After several years of waiting, Susanne and Roger's adoption application was eventually rejected by the authorities on the grounds that Roger was too old. Their case suggests that, although legal and partly administered by the state, adoption can be unavailable as a result of local prioritisation. It also illustrates temporal aspects of reproductive marginalisation. Regulations concerning both ART and adoption services excluded people over a certain age. In addition, temporality was intertwined with morality connected to "natural fertility": the somewhat moralistic assumption that Susanne was to blame for her own infertility because she ignored the temporal limits of female procreation and was therefore unentitled to receive help.

The gay men had been marginalised from ART and adoption policies in a more unconditional way. Victor and Daniel, who had pursued having a child for over 20 years before travelling to India, gave me a detailed account of their overall efforts to become both adoptive and foster parents. Their attempts were thwarted both by legislation and government officials, and they concluded, "It didn't leave us much choice." Mostly, however, the gay men I met had not even tried this process, as they did not expect it to be successful. George, married to John and presented in the introductory prologue, told me how at one point he found himself in a highly paradoxical situation, both inside and outside reproductive hegemony: he was working in the governmental child welfare service, approving and rejecting others' adoption applications while he, as a private individual, was not in control of the decision on whether he could have child himself. "I was entrusted with the authority to evaluate others, but was not approvable

myself," George stated, underlining his take on the absurdity and inconsistency – and thus illegitimacy – of the system.

As a citizen of a Scandinavian country, George had become eligible to adopt since this time, at least in theory. In some Western countries, among them three of the countries represented in my sample, gay couples have been granted equal right to adoption. Yet in practice adoption has been largely impracticable; no children have been available for adoption as same-sex couples are not approved as parents by donor countries, and domestic adoption is extremely rare. In addition, over the last decade transnational adoption has become increasingly difficult for everyone, not only gay couples. The number of transnational adoptions throughout has decreased by fifty per cent, due to the suspension of such adoptions in several developing nations (Selman, 2009). This may explain the seemingly very strict requirements among the receiving countries' adoption authorities, in terms of age, health and economic and psychosocial resources, to mention some eligibility criteria.

I believe that the fact that adoption was unachievable for a majority of the IPs in my material is an important finding in the context of the public debate on transnational surrogacy, on the background of the frequent question "why don't they just adopt?"[48] As Howell and Melhuus (2009) point out, ART, including surrogacy and adoption, are perceived to be of the order of "unnatural procreation". It has been reported in contexts that surrogacy is a chosen priority on the basis of biogenetic connection (Birenbaum-Carmeli, 2007; D. Riggs, 2015; D. W. Riggs & Due, 2010). While I am not arguing that biogenetic ties were altogether irrelevant to the choices of the IPs in my sample (I will discuss the great value and meaning given to such connections in detail below and in Chapter 6), I hold that it was not a primary motivating factor among most of them. For the majority, having a biologically non-related child through adoption was, in fact, never an available option, whereas commercial surrogacy was. The Swedish commissioning parents studied by Arvidsson, Johnsdotter, and Essen (2015) often described surrogacy in India as a "last resort". As exemplified by Nina above ("surrogacy was our last chance"), such a notion was also prevalent in my study. Many of the IPs perceived surrogacy as their only option by expressing this in terms such as "last resort" or "only opportunity".

[48] See for instance http://www.nrk.no/norge/velger-surrogatmor-fremfor-adopsjon-1.6989724/ and http://morgenbladet.no/samfunn/2013/adopsjon_mot_surrogati. Both accessed 06 April 2014.

By claiming that the IPs of my study were marginalised in terms of reproduction, I am not engaging in a debate on victim positions, in which commissioning parents have been said to place themselves (U. C. Andersen, 2013). In fact, I believe that in the context of transnational commercial surrogacy in India, understood as an instance of global stratified reproduction (Ginsburg & Rapp, 1995), the IPs arguably hold a privileged position. Global stratified reproduction, enabling relatively privileged people to travel to more liberally regulated, less expensive or more developed markets for ART services (Bergmann, 2011; Blyth & Farrand, 2005; Franklin, 2011; Inhorn, 2011; Inhorn, Shrivastav, & Patrizio, 2012; Whittaker, 2011), empowered the IPs, providing them with an escape from what they experienced as marginalisation. The required technological and reproductive assistance they were denied as citizens in their own countries was made available to them as consumers in the Indian market, liberating them from both "natural" and political restrictions. Nor does my discussion address the issue of reproductive entitlement in a normative sense. What I am interested in, besides understanding why they chose commercial surrogacy, is how the social, cultural and political nature of the IPs' experiences of reproductive marginalisation was reflected and made relevant when they negotiated the moral meaning of their choice or, more simply, how the notion of being "denied children" in their own country and left with commercial surrogacy in India as a "last resort" played a role when the IPs legitimised their choice.

Naturalised Desires – Denaturalised Constraints

In line with findings with Arvidsson et al. (2015), the IPs I talked to experienced a certain degree of moral ambivalence about going to India for surrogacy, related both to the fact that they were defying the laws of their own countries and to the possible ethical problems inherent in surrogacy in India (I will return to a more thorough exploration of the latter issue in Chapter 4). I believe the IPs' accounts of their own reproductive trajectories must be understood in the context of such ambivalence, i.e. as a way of legitimising reclaiming their reproductive entitlement. Central to this endeavour, I argue, was the negotiation and reinterpretation of what is "natural".

"I couldn't accept that I couldn't be a mother, because I think I was born to be a mother", said Nina in the prologue to this chapter. The way she saw it, motherhood was predestined for her

at birth as part of her existence as person, so to speak. Nina understood her desire for a child as "natural", i.e. something inherent to human existence, to a large degree embedded in the body, disconnected from subjectivity in terms of intention and control. This was a very common way of understanding the urge to have children among the IPs, in particular the women.

This finding is by no means unique. Defining the desire to reproduce as natural, i.e. as an independent force, somewhat detached from individual subjectivity, has been widely noted (Franklin, 1997), including in ethnography from Scandinavia (Ravn, 2005). However, I believe such naturalisation was to a particular degree brought to the fore among the IPs as a result of their need to restore moral comfort surrounding their choices. Notions of "nature" and "natural" were explicitly at the heart of the ethical negotiation not only concerning the entitlement to procreation, but also when relational implications were understood, as I will show in Chapter 6. Based on her ethnographic studies on how parents are "made" through what she calls the "ontological choreography" of ART clinics, Thompson (2005) suggests "strategic naturalisation" as a means of capturing how emphasis is selectively placed on certain "natural facts" while others are rendered irrelevant. In Chapter 6 I will argue that the IPs engaged in such strategic naturalisation in negotiating the relational implications of the surrogacy arrangements. In the current chapter, I argue that strategies of naturalisation were also employed when they argued the necessity and legitimacy of undertaking commercial surrogacy in India. The ontological power of "nature" has been examined by feminist anthropologists. Yanagikaso and Delaney (1995) famously argued *naturalisation* as a way of analysing the construction of power relations and identities as given and immutable and beyond discussion. Franklin et al (2000) extend such an idea of how nature is used to "ground cultural meaning and practice" by lining out a processual model for understanding it, comprising *naturalisation*, *denaturalisation* and *renaturalisation.* By underlining the processual, Franklin et al. aim to account for the "movements enabling ideas of the natural to signify with the notable fluidity, contradictoriness and power that is their distinctive feature" (ibid:19). In what follows, I am inspired by such a processual understanding of how nature "grounds" culture.

For the heterosexual women, the strong desire for a child was taken for granted to the degree that it was usually not explained or legitimised; rather, the desire itself became the

explanation legitimising every measure taken in order to fulfil it, such as repeated IVF attempts and ultimately surrogacy.[49] In many accounts, a "natural" procreative desire was given an autonomous role of driving force, leading IPs into trajectories involving suffering and struggle in the quest for a child, trajectories they wished to avoid if only they had the power. I interpret such an ascribed autonomy of the procreative desire to be a presumed implication of its "naturalness". As part of the biological realm, it could not be eliminated or muted by reason, only suppressed. Furthermore, failing to satisfy this desire would inevitably cause sorrow and marginalisation ("desperation"), a notion reflected in the fact that the IPs, especially the heterosexual women, expressed it through accounts of pain, longing and marginalisation caused by childlessness rather than talking of their desire directly.

In sum, through the notion of a biologically based, non-negotiable and "desperate" procreative desire, they sought to construct an entitlement: the right to try all available measures to meet the desire, as it could not be dealt with in any other way. As such, naturalisation, i.e. the construction of certain cultural meanings and social practices as inexorable and necessary, lay at the heart of (re)claiming reproductive entitlement for the IPs.

With regard to the "naturalness" of procreation, the trajectories of the gay couples differed from the heterosexual couples. While the "natural", meaning simply having children as a consequence of coupled heterosexuality, was a procreative point of departure for the heterosexuals (Melhuus, 2012), the gay couples obviously never saw children as a "natural" consequence of either their sexuality or their committed relationships. Quite the contrary, *childlessness* had for most at some point presented itself as a "natural" implication of their identity and sexual orientation. Gay parenthood, thus, is not (yet) "culturally naturalised".

Throughout history, though, gay men have of course fathered children, often within the frames of heterosexual marriage. Nonetheless, "coming out" and living as gay was long

[49] The culturally shared naturalisation of the desire to procreate was made even clearer to me by the fact that I often felt the need to approach the issue of the IPs desire for a child with some sensitivity. As a member of my society and my culture, and a mother of two, I felt expected to *know* and *feel* why they wanted a child so much. And on some level I did indeed identify with their desire, and even their pain. Questioning and problematising their desire for "what we all want" and most – including me - have, in the middle of an account of vulnerability, blood, sweat and tears, felt devoid of empathy, somewhat moralising and only served to create distance between the participants and myself. Hence, I did so only after having established a certain level of confidence.

associated with a childless life (Dempsey, 2013; Folgerø, 2008; Murphy, 2013). However, empirical studies indicate that gay men's procreative emotions and desires do not seem to differ considerably from those of heterosexual men (Berkowitz, 2007; Bigner, 2000; Murphy, 2013; Stacey, 2006). The majority of accounts of the gay men in my material confirmed this. Some of their stories of childlessness significantly resembled those of the heterosexuals. Deeply felt, yet unfulfilled, desires for a child were reported and described as painful and frustrating.

Hayden (1995) describes how lesbian couples having children mobilise the "naturalness" of motherhood for women. Similarly, the gay men in my study also constructed their reclaiming of reproductive entitlement around a notion of a "natural" desire for procreation. This desire was disconnected from heterosexual procreation, but nonetheless perceived as innate and "natural", even "biological", a finding supported in other studies (Murphy, 2013). For example Christopher, in his early 30s when I first encountered him was sitting on the floor of a Mumbai hotel room, stroking his sleeping newborn son's back. He described his motivation for traveling to India to have a child with his husband Benjamin:

There are some biological needs that appear. Conscious or unconscious. Somewhere inside you.

The gay men usually saw their desire for a child as equally strong and – perhaps more importantly – equally rooted in "human nature" as for heterosexuals. For many of the older gay men who came out before planned gay parenthood emerged as a fairly common practice, realising they were gay could be called a variety of "disrupted reproduction" (Inhorn & Balen, 2002b). Peter, in his 40s and now father to two small children, reported that he "always" wanted to be a parent and that he felt some grief about coming out as he expected it would complicate or impede future parenthood. Simon came out in his 30s, going directly from a ten-year-long heterosexual marriage into the relationship with his current husband and co-father Phillip. He perceived this shift not only as one of sexual orientation and partner, but also as one away from parenthood, which he had always desired and expected. Simon never came to genuinely accept his childlessness and vividly described his intense reaction of excitement when he found out by chance that a foreign agency providing surrogacy was arranging an information meeting in his hometown in Scandinavia in 2009.

What is a surrogate, does that exist? Is that even possible? In that moment I felt… My heart rate rose! And I felt, perhaps there is a possibility that I can be a parent after all?!

The innate desire, suppressed by the hitherto unfeasibility of procreation, was instantly rekindled by the emergence of new opportunities. The desire for a child thus developed in an interplay between what Murphy (2013), based on his research on Australian gay couples who became fathers, calls "parenthood from within", i.e. a perceived innate desire, and parenthood "from without". With the latter, Murphy is referring to external social processes through which intended gay parenthood is made what he – inspired by Latour – calls a "social competency" such as marketing and promotion from surrogacy providers or interaction with gay men who have become parents. New social competencies, according to Murphy, contrast with old ones that conveyed the message that being gay entailed childlessness.

Such interplay between the "inner" desire for a child and external developments was evident in my study too. Quite a few of the gay men told me that finding out about affordable commercial surrogacy was what made them realise they wanted children "deep down", only the wish had been suppressed by internalised heteronormative ideology. The "naturalness" of this assumed inherent desire contrasted against the projected arbitrariness of social constraints against gay parenthood, unlinking the ontological and moral superiority of the former. I will return to the issue of how such constraints were dealt with in more detail below.

"Being Denied Children": Denaturalising Childlessness

Nina, as with so many of the IPs, saw her desire for a child as non-negotiable by virtue of its biological constitution ("born to be a mother"). Her infertility on the other hand, also located in her biology, was not interpreted as something she was "born to". The case was quite the contrary, simply accepting a childless life as the consequence of her infertile body was in opposition to her "natural" predestination for parenthood. Thus, I argue, whereas the desire for a child was naturalised, the opposite occurred regarding childlessness.

Parallel with the naturalisation of their desire for a child, I argue that reclaiming reproductive entitlement for the IPs was about denaturalising their childlessness. While the successful construction of something as "natural" has moral implications – fixing it both ontologically and morally – *de*naturalisation does the opposite (Franklin et al., 2000; Frøystad, 2015). Thus, when challenging notions of which individuals are rightful parents and which are not, and placing themselves in the category of those who should be granted the right to have children,

IPs aimed to remove their childlessness from the "natural" category and to place it in the less fixed social and cultural domain. By this I mean that they pointed out (unjust) social and political processes as the ultimate cause of this unfortunate condition rather than their bodies' inability to procreate. The distinction being made here corresponds with the one made between "infertility" and "involuntary childlessness" in public debate in Western countries (Inhorn & Balen, 2002b). In this context "infertility" refers to the medical condition of not being able to have children, whereas "involuntary childlessness" refers to the result of such conditions. Although these terms were not used by the IPs, an implicit distinction along these lines was made nonetheless. They did not attempt to denaturalise or externalise the moral responsibility for their infertility. They did, however, to some extent blame what they saw as unfair policies and conservative ideologies for the fact that they had not been helped to overcome infertility and for the resulting state of involuntary childlessness.

Denaturalising implied an understanding of their childlessness as a consequence of questionable politics and ideology, thus moving their condition from the realm of biology into the realm of the social and political. Mark and Sarah, for example, were so-called "unexplained childless". Doctors treating them never detected any cause for their infertility, and repeated IVF cycles, both state-subsidised and privately funded, had failed to result in a successful pregnancy. When I met Sarah, she was ineligible for more ART treatment due to her age (early 40s). She was thus "doomed" to childlessness as far as health services in her country were concerned and was very resentful about this fact.

Sarah: You feel so powerless. I felt as if we were being denied children, denied that pleasure. This country is so backward when it comes to issues like surrogacy and egg donation. And instead of helping you they drive you crazy.

Mark: It is a bit paradoxical… that you have to go to the other side of the globe to get help. And there they treat you with respect and understanding. I met nothing of the contempt and ignorance in India that we experienced at home, though I had expected to.

Sarah and Mark very emphatically portrayed going to India as a sort of "reproductive exile". They "had to" go to "the other side of the globe" to be "treated right" in two senses, both medically and interpersonally. The way Sarah saw it, they had been "denied children", indicating that her marginalisation was ultimately caused by social and political processes outside the realm of biology, i.e. biotechnology legislation, IVF policies and to some extent incompetency and an attitude lacking in empathy among health service providers.

Such denaturalisation was part of reclaiming reproductive entitlement. The painful experience of childlessness was often blamed on causes beyond their own biological inability to have children, such as inadequate treatment, incompetent doctors and strict policies of ART. Above all, however, the IPs' target of criticism was the restrictions prohibiting gestational surrogacy – the one ART method that could help all of them alike: infertile heterosexuals, gay couples and single men. In general, the IPs found the ban on surrogacy unjustified, "backwards" and founded on moral misconceptions, implying that escaping it by going abroad may be acceptable. Challenging the understanding of commercial surrogacy perceived to underlie its prohibition was thus crucial for the IPs. I will return to these renegotiations in Chapter 4.

Heterosexual couples' construction of their entitlement to have a child invoked the cultural naturalisation of heterosexual marital parenthood, meaning that it was normal and natural for them to procreate and immensely painful not to, notwithstanding arbitrary and "undeserved" infertility. Such claims of entitlement from gay men, however, implied a denaturalisation of the link between heterosexuality and procreation, and thus of what is still largely considered normal and "natural" – that gay men do not have children. In much the same way that heterosexual couples denaturalised their childlessness by understanding it as a result of law, policies and medical practice instead of the result of biological infertility, gay men negotiated homosexuality as the ultimate cause of their childlessness.

Alexander's story provides an interesting example of how different "natures" and their implications were negotiated. He portrayed his decision to engage in surrogacy as a conscious process of liberating his true desires from the constraints of heavily internalised heteronormativity (Butler, 1990). Raised in a small place with very few gay role models, the young Alexander was against the idea of bringing up children outside the heterosexual nuclear family. Nonetheless, he longed to be a father, carrying a "daddy dream" as he called it. At one point he decided to start what he termed the process of "exploring his own negativity", by which he reported to have gradually and consciously freed himself from heteronormative restrictions. First, he came to terms with the idea of having kids with another man. Then with the firm support of his close family, after years passed without finding a suitable partner, he "listened to his heart" and even liberated himself from the notion that only a stable couple could provide satisfactory care for a child. Comfortable with the prospects of

becoming a single, gay dad, Alexander travelled to India to check out the clinic and leave his sperm for a possible surrogacy cycle. Then he went on to travel the world for a couple of months, contemplating his next move. After some time, while working as a volunteer among poor children in a third country, he finally made the decision to email the Mumbai clinic and ask them to go ahead and start a surrogacy cycle with his sperm and a donor egg.

"I guess I had to leave my own country for some length of time to gain enough courage to take the big leap," he told me during our first meeting in Mumbai. Alexander renegotiated his own values, first by prioritising the value of having a child in itself – "the daddy dream" – over the value of heterosexual family life, and later over that of the couple as a frame for procreation. In addition, the value of "the daddy dream" was argued via a notion of its innateness. As opposed to ideological constraints, socially constructed and questionable, the desire for a child came from "his heart", i.e. a purer and truer form of subjectivity that should be given priority. Placing himself in a liminal position, far from his own society and deprived of the material comfort he was used to, Alexander managed to see this "truth" more clearly and find the courage to act on its moral implications.

I will show below that for all the heterosexuals and the majority of the gay men included in the study, notions of ideal manners of procreating were constructed in close connection to *the couple* as the "natural" and thus morally superior frame for procreation. Procreation being so intimately connected to heterosexuality, gay procreation remains "unnatural" in the cultural narrative (Hayden, 1995). For the gay IPs I met, their parenthood remained ambiguously related to notions of the "natural", both challenging and drawing on it (cf Folgerø, 2008). To put it simply, gay men may "naturally" want children, but their means of doing so are still considered "unnatural". Thus, differentiating between these two aspects of "nature" was crucial in the gay men's construction of moral entitlement to reproduction. An excerpt from one on my interviews with Christopher and Benjamin provides a very explicit example. Shortly after Christopher had declared his desire for a child to be a product of biology, the question of the entitlement to pursue it came up:

Benjamin: The most frustrating thing… is all those Christian fundamentalist people who argue that it is not a human right to have children. Throwing that out, portraying everyone who has kids in a non-natural way as evil (…). No, it may not be a human right… but still…

Christopher: No, it is not [a human right]. But it is possible. So we want it then, of course.

Christopher's remark was uttered tongue-in-cheek and made us all laugh. Yet I believe it reflected the parallel processes of naturalisation and denaturalisation in the construction of entitlement to a child. While the "naturalness" of the procreative desire was seen to have a moral implications – that one should be allowed to pursue its fulfilment, heterosexuality as a precondition for procreation was denaturalised, i.e. rendered a mere practical obstacle, not a moral value to be respected. It both could and should be overcome by practical arrangements in order to liberate a morally superior "natural" value: (the desire for) a child.

Thus, a distinction seemed to be shared among the heterosexuals and the gay men between the "nature" which entitled one to procreation, related to an inherent, biological urge, and the "nature" which enabled one to the same through fertile heterosexual bodies. Unlike the former, the latter was constructed as irrelevant to moral entitlement. Put more simply, the desire to procreate was naturalised, while heterosexuality as a precondition was denaturalised. Along these lines, an individual's "natural" ability to procreate was constructed as irrelevant to one's entitlement. In line with this, the moral burden of proof should be put on those who wanted to deny others to pursue such a crucial value, not on those who pursue what they naturally wanted through available means ("possible"). "It's possible" also points to how the emergence of commercial surrogacy may have altered understandings of gay men's entitlement to children. Insisting on such an entitlement may seem meaningless in the absence of methods perceived as both feasible and morally acceptable. Commercial surrogacy presumably provides such a method, giving meaning to the notion that gay men should have the right to realise their desires for children.

In this section I have argued that strategies of naturalisation and denaturalisation were key processes through which the IPs sought to (re)claim entitlement to a child. I have argued that the desire for a child was naturalised, while their childlessness was denaturalised. Thus having children in spite of infertility or homosexuality was constructed as a fundamental value of human existence, and this desire a force in its own right beyond cultural and social negotiation. I understand the effort to negotiate and reinterpret the entitlement to a child to be a way of addressing a certain moral ambivalence related to travelling to India for commercial surrogacy. I will explore this ambivalence and how it was addressed through ethical work in

detail in Chapter 4. Now, however, I will go on to examine more closely the value pursued: What was the perceived meaning of "having a child"? Why was it so desirable? And finally, what does it mean to have a child that is your "own"?

The Meaning of Having a Child

In the following two sections I will explore the desire for a child beyond the embodied, naturalised urge, arguing that this desire was also related to some imagined, desirable social effects that presumably could not be produced by other relations or values, thus contributing to the sense of "desperation".

Martha and Axel, the youngest couple in my sample, were confronted with the prospects of childlessness very early in their "reproductive career" after several miscarriages, including a stillborn baby. Axel claimed to have swiftly resigned himself to the prospects of never becoming a father. This caused conflict, as Martha's desire for a child was strong and persistent.

I told him I did not want to live the rest of my life without children. Whereas he was more like, "Ok, so we won't have children, then". We fought a lot in those days, because I felt he didn't have the right to make that decision for me. Because it meant so much. And we had been so close, having buried a child… To have that, and nothing more. It felt so hollow. (…) As if something was missing. I felt… I felt like a graveyard. As if I had a magpie in my womb that killed all babies. To live the rest of my life – it was unthinkable. Seeing everyone else having children... The longing was so strong. So it was very turbulent between us. I realise that he was probably just trying to be kind and loving, saying, "To me the most important thing is that you and I are together." But I was like, "Are you serious?? What about ME?!"

While Axel managed to cope with prospective childlessness by focusing on Martha, Martha felt from an early age that what she sought through having a child could not be achieved through other relations such as a committed love relationship.

As illustrated in this as and in Nina and Frank's story in the prologue as well ("I never saw Frank cry about it, but I have, lots and lots"), there was often a clear gendered dimension to how the desire for a child was experienced and portrayed. "Desperation" was mostly carried by the women in the heterosexual couples, and the unfeasibility of resigning to childlessness was portrayed as more absolute for the woman. That the woman was the main stakeholder was also reflected in the fact that in most cases she was the more active party in all the

processes related to having a child. This link was also acknowledged by the couples: she was portrayed as the impatient and "desperate" one; he was "more relaxed".

Notions of "desperation" occur frequently and are salient in accounts of women's infertility and childlessness around the globe (Franklin, 1990; Inhorn, 2000). Infertility is generally, in the Western world and elsewhere, perceived as a woman's problem (Inhorn & Balen, 2002a; Sandelowski & de Lacey, 2002), and subsequently the woman carries the main responsibility to resolve it.[50] Feminist scholars have understood "desperation" in light of patriarchal cultures and societies, rendering women who are not mothers without value (Franklin, 1990; Inhorn, 2000; Sandelowski, 1993). Although consequences of childlessness are far less severe for Western women than for women in most other parts of the world (Inhorn & Balen, 2002a), the strong desire among Western women for children in order to fulfil themselves as gendered subjects and their greater agony over infertility compared with men is a well-documented cultural pattern (Melhuus, 2012).

Howell (2006), however, notes a decline in gender differences in this respect, finding that parenthood has become crucial even for men in order to be full persons. I believe this development is highly relevant to understanding the experiences of the gay men I talked to, who often stated their desire to have children through narratives of "desperation" similar to that of the heterosexual women. Victor, for example was approaching 50 when he, like Martha, realised that he could not resign himself to the idea of never having a child. He had been married to Daniel for almost twenty years, and at some point he had believed he had come to terms with his childlessness. After years of painful experiences unsuccessfully trying to have, and later losing, a child (the story will be presented in detail below), the couple officially gave up. And for ten years they felt quite reconciled with their childlessness, "living their life comfortably". Then at one point Victor found himself at a family party, where it became evident to him that his bonds to the children in the family were not as close as he wanted them to be, and he felt their parents had deliberately kept them from him. "I felt excluded. And the feeling came back. Maybe I should try having a child after all?" The experience demonstrated to Victor that the sense of belonging and fulfilment he wanted could

[50] The fact that transnational surrogacy as practiced in the field is actually a solution to female infertility problems, whereas a fertile male is required, can also be expected to play a role: the childlessness was indeed the woman´s "fault" with all the heterosexual couples in this study.

not be realised through relations to children de facto belonging to others (i.e. the children's parents). Victor feared he would end up sitting "old and grey" and regretting that he hadn't tried all available solutions. And an untried solution had indeed emerged: an old friend had become a father through surrogacy in the US, and surrogacy in India had been a topic of public debate for some months.

The way I interpret Victor, what he pursued in having a child was a particularly intimate relationship with a child, one that he felt he could not be realised through other connections (e.g. to the children in the family). He felt he had been "excluded" by the exclusivity of parent-child relations, in the sense that other adults had the right to keep their children from him. This made Victor realise that the only way he could attain such an intimate relation was by having a child over whom he had such an exclusive right.

Sarah, married to Mark, and diagnosed with unexplained infertility, viewed the value of the parent-child-relation as so crucial for quality of life that living without children was to her "meaningless". She had wanted a child from a very young age, and she regretted having spent too many of her fertile years waiting for a suitable man, wishing she had instead gotten pregnant outside a relationship. She also said she would recommend "going to Denmark", i.e. getting inseminated with donor sperm, to any single woman over 30 to avoid ending up childless. Similarly to Victor, Sarah imagined herself as elderly and childless, "sitting and staring at the wall", missing children and grandchildren who could visit her.

Kristin: You imagine you would get lonely?

S: You do. And to us foreigners, loneliness is the worst thing. We are not used to being alone and lonely. You notice as you get older. (…) And we did give up [having children], you know. You do, when you have to go through so many processes. But then there is peace and quiet for a year and then you start over again.

The way Sarah portrayed it, having children was not so much the individualist endeavour it has been described as in late-modern Western societies (Ravn, 2005). Rather, it was seen as a resource that would be needed in the future, a shield against loneliness in old age. Sarah explicitly related her way of thinking to her origin ("to us foreigners, loneliness is the worst thing"). Her family immigrated to Scandinavia from a Non-Western country. Her husband, Mark, is Scandinavian.

Sarah's view of childlessness was in contrast to how IPs of Western origin talked about it. For example, the ethnic Scandinavian upper-middle-class couple, Susanne and Roger, who answered the following when asked if they had ever considered living without children.

Susanne: Yes, of course. In fact, we had accepted that we would not have children after our last adoption application was rejected. (…) And then [the option of surrogacy in India] turned up.

Roger: We are resourceful people, so it was not as if we would have become alcoholics or drug addicts or depressed… or not extremely depressed… about not having our own children. We have led a good, active life, travelled a lot, played sports and musical instruments, experienced many adventures and have lots of good friends, all the time. But having your own kids is a special thing.

Susanne: An enrichment. And I think…

Roger: … and very much the focus for people our age. So if you don't have it, it is kind of… it is a little strange not to.

Susanne and Roger did not see "staring at the wall" as the only alternative to having children; quite the contrary, they pointed out that their lives as individuals and as a couple were fulfilled and meaningful all the same. To wither away as a result of childlessness was implicitly attributed to a lack of resources and not something Susanne and Roger were at risk of. However, given the opportunity, they preferred the "enrichment of children". They, too, acknowledged the unique value of having children ("a special thing"), which cannot be replaced by other "enrichments".

Susanne shared Victor and Sarah's feeling that she would "regret" not having tried out the available possibilities they were aware of. Scholars have argued that the effect of the increasing availability of ART, combined with pro-natalist and patriarchal culture, constrain people's reproductive agency rather than expanding it by disrupting the process of resignation to childlessness, especially for women (Franklin, 1997; Sandelowski, 1993). Lie et al. (2011) argue that ART have become a naturalised next step when sexual procreation fails and, as such, has become included in notions concerning natural procreation. Judging from the relatively small number of people choosing surrogacy, this option would appear to be too controversial, expensive and risky to be included in a normative and naturalised chain of technologies that "have to be tried". However, such an imperative of "trying everything" was portrayed as a driving force behind travelling to India, not only for the women, but also for

some of the gay men, indicating how the availability of technologies shapes reproductive trajectories in new ways.

To Have "What Everyone Else Has"

By pointing out how childlessness somehow estranged him from his peers, Roger also articulated another perceived crucial quality of having children: its power to "normalise". Having children not only has the power to change the emotional life of the parents, it obviously strongly shapes other relations as well such as the one between the parents and their relations to the wider community. For instance, Nina wanted access to the "mummy-child table", i.e. the community of mothers with their children, instead of being an anomaly "with the boys". Having a child together transforms a couple into co-parents, the individual into part of a nuclear family, alters relations in an individual's existing kinship networks and places the parents in the category and social community of parents. Inclusion in such a community was connected to social "normalcy".

In Sandelowski's (1993) study on infertility, stigma and a sense of social exclusion are highlighted as painful consequences of childlessness. Ravn (2005) has noted that what is naturalised by Norwegian culture is not only the desire to procreate, but also the practice. Heterosexual parenthood, organised within the framework of romantic and committed relationships, is both "natural" and "normal", and hence "culturally naturalised". Fjell (2008) notes how such normativity puts an enormous pressure on non-parents, making it difficult to settle for and – even more so – choose a childless life. Having what "everyone else has" and "being normal" was indeed a commonly described desire among the IPs I met, resonating with what Howell (2001, 2006) found among Norwegian adoptive parents, and Melhuus (2012) among involuntarily childless couples, who related their desire for a child to a desire for family life, to be "an ordinary family".

In this respect, experiences differed among the heterosexual and gay participants. As noted, gay parenthood is neither culturally naturalised the way heterosexual parenthood is, nor is it a statistical norm in Scandinavian countries. It is very far from it. Although some gay couples reported having several "gay families" among their friends, and expected even more as normalisation increased, most expected family life to be seen as exceptional and defying

normalcy in many respects, as has been observed in other empirical studies (A. J. Andersen, 2003; Riksaasen, 2001). As gay men, they would still be more "normal" without children.

However, quite a few of the gay men reported a desire to connect themselves to the nuclear family institution as part of their motivation to have a child. Rather than it "being normal", this was expressed as a desire for "family life", meaning a shift in life phase ("settling down"), a "natural", individual development from an egotistical to a more other-oriented emotional focus, and to connect with a different sector of society, i.e. that of "families".

For some this also implied a disconnection from what they saw as "gay lifestyle". John and George, for example, had been together for ten years, spending the first of these years actively involved in the gay party scene in a big city. Growing older, and increasingly tired of this lifestyle, they started to wish for a more family-oriented life. Apart from looking into possible ways of having a child, the couple materialised their lifestyle change by moving from a highly urban setting to a rural one, closer to their families and away from "party life". When I visited them in their home after we had all returned from Mumbai, they told me that some of their old friends did not approve of them having a child, seeing it somehow as a "betrayal" of the gay community. John on his part pitied his old friends who were stuck in "the old life", questioning the satisfaction it would bring them in the long run. George, always a tad more diplomatic, added, "Everyone makes his own priorities. But we are indeed very happy with ours," indicating the presence of tension, or at least opposition, between what was seen as different choices of identity and affiliation.

This same tension was reflected in the fact that some gay men, unlike the heterosexual men and women, contested "normalcy" as a desirable value. Carl, for example, had no history of painful childlessness; quite the contrary, he had valued his childlessness until the day he decided to have a child. Even after learning about surrogacy, he did not feel it concerned him. He explained that he felt his social universe had become duller and less exciting as children were born into his network and, thus, that children were becoming something "negative" for him, something that subtracted value rather than adding it. In our interview, Carl did not explicitly link his former stance to "being gay" or to a wish for a subversive lifestyle. Yet this positive view of a permanently childless life, as something potentially more attractive than family life, was not at all found among the heterosexuals. Approaching 40, Carl formed a

relationship with Peter, who was of the same age and who wanted children. During their first years together, Peter respected Carl's desire for a childless life. But, although Peter did not put any pressure on him, Carl felt increasingly uncomfortable with being the one who "denied" his partner the children he wanted so much. I believe Carl's sense of moral obligation to meet Peter's desire to have a child illustrates two of the points in this chapter. Firstly, it points to an acknowledgment of the child desire (in gay men) as something that implies some degree of entitlement. Secondly, it suggests a denaturalisation of gay childlessness. Rather than assuming childlessness to be the "natural" consequence of their gay relationship, Carl felt he "denied" Peter the children that he might rightfully expect.

The two previous cases highlight a certain conflict between gay identity, subjectivity and having children, a tension also described in Mamo's (2007) study on lesbian women's reproductive practices. A question is raised as to whether gay reproduction should be read as a process of normalisation which undermines the progressive potential of gay culture, or whether the fact that gay people have children has an transformative effect on the cultural meaning of reproduction, "queering" it in Mamo's words. While the notion of reproducing outside heterosexuality can be interpreted as a way of challenging heteronormativity, some core values and priorities, linking the gay family project to nuclear family, may be seen as adjusting to and somehow reproducing heteronormativity (A. J. Andersen, 2003; Mamo, 2007) . I will return to this discussion later in the chapter.

In this section I have explored the desire to have a child beyond its perceived "naturalness", identifying an imagined unique intimacy and transformation of one's social identity and affiliation as crucial qualities pursued by both heterosexual couples and gay men, albeit with slightly different meanings. I will now go on to explore the IPs' ideas about how a relation should be constituted in order to fulfil such desired values, conceptualised as having one's "own" child.

What Makes a Child Your "Own"?

Based on her study on heterosexual involuntarily childless couples in Norway, Melhuus (Melhuus, 2012) explores the meaning of what all the couples desired, "their own child".

Melhuus argues that such meanings will vary along with circumstances. As noted above, the point of departure was "natural" procreation, i.e. conceiving and giving birth to a child related to both parents biogenetically. Childlessness and the passing of time, however, transforms what "own" means in this context, according to Melhuus. The emerging need to employ methods of "unnatural procreation" such as sperm donation or adoption, and to choose between these options, makes explicit the notions of "relatedness", "naturalised" and "taken for granted" in connection with "natural procreation". Eventually, Melhuus argues, what gives content to the idea is "having a child at all" (ibid.:25), meaning that most couples were willing to negotiate their ideas about what it meant to have an "own" in accordance with the actual opportunities available to them. As I understand Melhuus, an "own child", thus, is a flexible notion, negotiated against what is possible, but always maintained as closely as possible to the "natural", i.e. sexual procreation in a heterosexual couple. In what follows, I discuss what was pursued by the IPs, with the help of Melhuus's concept of "an own child", accounting for similarities and differences between heterosexual couples and gay couples and singles.

Experiences of disruption from "natural procreation" derived from homosexuality or fertility issues had made a majority of the IPs feel that biogenetic connections were not essential for them to consider a child their "own". This was reflected in a widespread preference for adoption over surrogacy (noted above). For some, however, such a connection was considered crucial, indeed, and was part of the motivation behind choosing surrogacy over other options.[51] Mark was open to adoption, but only as a "supplement" to a child that was his and Sarah's "genetically own". Asked why, he had only this to say:

Well, I don't… I can't really justify that… Other than that's just how it has to be.

His wife Sarah suggested the reason was the fact that his family was very small, and that he therefore felt an urge and obligation to "continue the family line", something which apparently could not be met by a non-biogenetically connected child. Mark agreed that this might be the reason why a biogenetic tie was highly valued ("very, very important") to him. He underlined that he would most likely love an adopted child as much as a biogenetically

[51] Interestingly, with two exceptions among the gay men, those who saw biogenetic bonds as essential for an "own" child, were heterosexual men. I have not been able to go deeper into the possible differences in this respect between both heterosexual and gay men and between heterosexual men and women, but I believe it would provide an interesting issue for further studies on the gendered dimensions of how kinship and parental bonds are understood and practiced in contemporary Scandinavia.

connected child, hence he did not see adoptive parenthood as inferior in terms of intimacy. However, to Mark, such intimacy did not make a child your "own" while belonging to the family line did.

Erik had a similar but far more articulate take. Anna and Erik were an urban couple in their 30s. They had unstable incomes, but were culturally distinctly middle class. Anna had known since she was a teenager she could never get pregnant. She felt having what she called "biological children" was insignificant to her, and had always imagined that she would adopt. Erik, however, told me in our interview that to him having a biogenetically related child was definitely preferred, as he found it more "alluring" and "interesting" than having an adopted child. When asked to elaborate on this, he said:

Well, in my family, it is sort of… I come from a family that is a bit self-important, maybe. And there are these stories about the father, and the father's father and the father's father's father. About everything we have done and who we are and all that. So I feel that my child will be an extension of that, and I feel like keeping it in line with the rest of the story… the family history that I have heard of my whole life. And then there are probably some biological forces, making humans prefer their own children, perhaps over others'.

Erik desired a biogenetically related child for a number of reasons, some of them quite atypical for his sociocultural group (urban, educated, middle class): he wanted to contribute to the "family line", more specifically his patri-lineage, whose history he was attached to and valued highly. He very explicitly viewed biogenetics as an absolute criterion for membership in the lineage, illustrated by the fact that he neither included a hypothetical adopted child nor his actual adopted sibling. I asked him to elaborate a little.

I don't really feel it has to do with blood. But it has to do with genes. (…) [My adopted sibling] is part of a history, but not a part of my line. Even though it sounds a little… I can see why it may sound a little silly, to talk about things like that. Very old fashioned, perhaps. (…) My child has nothing to do with [my sibling's] line. [My adopted sibling] is to my side and not onwards from me. I don't find that problematic. But I guess it is about being curious about which characteristics from me – and from the two of us – will be continued. There is something… there is a fascination about that.

In addition to his valuation of "lines" in the context of identity, a view he himself identified as "old-fashioned", Erik had concerns inspired by a more up-to-date medical understanding of genetics as consubstantiality, with specific reference to the transmission of *risk*:

[W]hen you adopt a child, even if that child is healthy and so on, you never know whether something will appear in the future. Something inherent, a kind of… eh… personality

traits that are the genetic memory kind of thing, that makes the person this or that way, all of a sudden.

Here Anna interrupted, arguing that a child with her and Erik's genes, too, could turn out "a complete nutcase". In reply Erik laughingly agreed. I asked him if he felt that genetically related children implied less risk after all.

No, but the chance is greater that there will be a characteristic I can recognise from my own family. Something I have seen before. Rather than something…alien entering the field.

Erik was concerned with a potentially "alien" identity of a genetically unrelated child, and valued familiar substance as a safer means of creating the desired relation. This was, in fact, quite an exceptional view in my sample, where most underlined the relation itself as more significant than the substance or identity of the child.

However, others had reservations about adoption for other reasons, related to the risk of not being able to see an adopted child a one's "own". Axel had had a strong preference for surrogacy over adoption. He explained that as a childless young man, he did not really care for children at all, and he had a hard time imagining that he could become attached to a child not related to him biogenetically. One year after his children were born through surrogacy his views had changed dramatically.

Now that I have children, I notice that you… appreciate children a lot more, even those who aren't your own. So I think completely differently about adoption now.

After experiencing the attachment effect of intimacy with, and care for, small children, Axel reconsidered his perception of biogenetic ties as crucial for an "own" child. Such a relation could be realised through love and intimacy, contrasting with Erik and Mark who saw biogenetic bonds as essential.

Again, the general downplaying of the value of biogenetic connections as a motive for going to India should not be taken to mean that such relations were not significant or desirable. As noted, I will later argue that biogenetics played a crucial role when kinship implications of gestational surrogacy were negotiated. What I am contending, rather, is that most participants dismissed biogenetics as a *necessary* criterion for a child as one's "own", a cultural understanding also described elsewhere (Folgerø, 2008; Howell, 2006; Melhuus, 2012; Melhuus & Howell, 2009; Spilker, 2008). Ambiguity and fluctuation related to the meaning

and significance of biogenetics, partly as a result of new reproductive technology, is a recurrent theme in recent Western kinship studies (Melhuus & Howell, 2009) and highly present in my material as well.

"A clearer line, a clearer family constellation"

Camilla and Christian's case, although atypical in some ways, illustrates the complexity and flexibility of what an "own" child means beyond the issue of biogenetics. Camilla had been through a hysterectomy due to cancer, and was several years older than her husband, Christian. She had two children from a previous relationship. When I met them in their home in a Scandinavian city, the couple had been through several unsuccessful surrogacy cycles in Mumbai, using Camilla's eggs and Christian's sperm.

Christian felt he "deserved" to have "his own child". Camilla wanted this too, although she struggled a little with the idea of spending huge amounts of money and energy on reverting back to an earlier life phase, to diapers and being broke. Yet, she insisted that her desire for a child was no less strong than his. Moreover, she told me, she felt that their desires were different because, unlike him, she knew what being a parent is like. They both desired a child coming from their relationship, "a mixture of us" as Christian put it. However, Christian's *entitlement* to a child of his "own" kept returning as the focus of the conversation. Camilla even confessed that she had considered leaving Christian, feeling she was the reason why he could not have what he wanted and "deserved". Christian knew of Camilla's infertility, but it had not stopped him from committing to a relationship with her. Yet, after some years of helping to raise Camilla's children, he found it increasingly hard to accept that he might never have children of his "own".

I deserve… I feel it's my right. It is a very selfish feeling in me. All my life, I have had a very standard attitude to what life is. It is about finding someone, settling down, you have a house, a dog and you have kids. And suddenly I find myself facing so many challenges that come and knock me down.

When I asked him why having stepchildren did not fulfil his desire to "have children", he explained that biogenetic connections had nothing to do with it. A child of his own was more about having a parental role in the child's life right from the start, which he had not had with his stepchildren, a fact he believed had caused some distress in their relationship. At this point, Camilla left the room to attend to one of her children. Christian elaborated on another

aspect of his relations to his stepchildren: his conflicts with them. When Camilla returned he filled her in:

Let me give you a brief account of what I have been saying. I was talking about how having step-kids strengthened the feeling that it is unjust that you can't have your own kids. You help raising "someone else's kids". (...) Put in a very banal way, I am doing [Camilla's ex-husband] a favour. I am not doing myself a favour. When will I be allowed to raise my own kids? It's a strong feeling of injustice.

Camilla's facial expression at hearing this made me feel she was not entirely comfortable with the statement. Christian might have noticed the same, as he moderated his position slightly:

I might be giving the wrong impression here… It is very nuanced after all. But the fact that [the relationship with my stepchildren] is challenging, that is one side of it. It is a driving force behind my wish to have a kid.

Christian very explicitly did not see Camilla's children as his "own". As mentioned, he explicitly downplayed biogenetics when explaining why. It had more to do with the fact that the children already had a father, to whom they belonged. The children had two parents, thus there was not room for one more. Being a step-parent could thus not be considered having a child of one's own, echoing findings with Melhuus (2012).

Christian's non-parental relation also had temporal aspects, they were "big" when he entered into their lives, complicating the establishment of the kind of intimate and friction-free relationship Christian imagines and desires with an "own" child. He strongly felt it would be different if they he had lived with them "from the beginning". The fact that he nonetheless had *functioned* as a parent to his stepchildren ("raised them") strengthened both his desire for and perceived entitlement ("deserving his own child"). Doing the work of raising children, yet deprived of the rewards of having a child of his "own", evoked "a strong feeling of injustice".

As Camilla and Christian saw it, their only option for fulfilling their desire for a child was commercial surrogacy. At some point Christian's mother had suggested she could be their surrogate. Christian was unsure how serious her offer was, but both of them expressed they would have declined anyway. "My child coming out of my mother. (…) That would have been too far out!" Christian exclaimed. "Well not too far out, but rather too close, if you ask me," Camilla commented. Similarly, the idea of using a non-commercial surrogate was dismissed by other IPs too. The risk of mixing up relations was the main reason given. In

order to have an "own" child, a commercial surrogate, presumably without claims to the child, was more suitable.[52]

Christian and Camilla's case illustrates, among other things, that having an own child touched upon a series of relations: between the parent and the child, between the parents themselves and between the parent(s) and all other adults, implying an idea of exclusivity. Along the same lines, Melhuus notes that with the couples she studied, "An own child embraces a sense of belonging and participation that implies an exclusive relation that no others can be privy to." (43).

Commercial surrogacy in India had qualities contributing to the construction of such exclusivity, which made it an attractive option. Carl, for example, explained to me that "the Indian way [of doing surrogacy]" suited his and Peter's procreative project well, as opposed to the typical American surrogacy process where the IPs are expected to maintain contact with egg donors and surrogates:

> *I like our thing more, because it has closure. (…) A clearer line, a clearer family constellation. Even if we are two men.*

Commercial surrogacy in India provided a unique opportunity for infertile heterosexual couples, gay couples and singles alike to obtain the required procreative assistance of a third person's body, while at the same time remaining in control of distance and intimacy, including an exclusive legal and presumed moral right to the child. The individuals providing the essential reproductive assistance, i.e. the surrogate (and in some cases the egg donor), were usually meant to be excluded altogether, leaving the child with the desired number of exclusive parents. Interestingly, although in some respects the moral connection between heterosexuality and having an own child was challenged and denaturalised by IPs, the notion of exclusivity within the *couple* was not. Rather, a sense that *no more than two* individuals should be parents to the same child was in fact part of the rationale behind going to India rather than choosing solutions perceived to create more ambiguity.[53]

[52] I believe the fact that so-called altruistic surrogacy is, if not impossible, so strongly restricted by legislation in all the countries in question, is another important reason this option was considered and thematised to an extremely limited degree by the IPs in my sample.

[53] It should be noted that this cultural view coincides with legal regulations in the IPs' home countries, allowing two legal parents of the same sex, but restricting the number to two.

Unlike the gay Norwegian fathers studied by A. J. Andersen (2003), who explicitly dismissed the couple as a frame for parenthood by engaging in triads with lesbian couples in order to have children, the couple as a frame, I argue, was precisely what was pursued by most of the gay men in my study. The fact that some gay people opt for reproductive technologies has been interpreted as a shift away from the disinterest in biological ties that has been observed as a characteristic of "gay kinship" (Weston, 1991). For the majority of the gay men in my sample, however, commercial surrogacy in India was not motivated by a wish to create biogenetic connections, but was preferred because it provided an affordable way of having an "own" child in the sense of being "between two parents".

In practice, making a child their "own" meant disambiguating relations (creating "a clearer line" as Carl put it), i.e. to rule out a mother in legal, social and moral terms, clearing the grounds for a nuclear family consisting of two rightful (male) parents and their children. For this reason, most gay couples had written off solutions which included a social mother, such as private arrangements with a single female friend or a lesbian couple – a practice of gay procreation which has been described in Scandinavia in recent decades (A. J. Andersen, 2003; Folgerø, 2008). Organising parenthood in a way so dramatically divergent from the traditional nuclear family in terms of complexity and number of parents was considered undesirable and risky, and unsuitable for having "an own child".

Victor and Daniel were among the few gay men who had pursued several options, including co-parenting with both one woman and two. They started discussing having children after being together a few years Their reproductive trajectory – although unusually long and arduous – illustrates how factors besides homosexuality itself may affect gay men's childlessness, such as infertility, adoption and foster family polices. Victor and Daniel were rejected both as adoptive parents and foster parents. Consequently, the couple made an agreement with a close female friend and her wife to try and conceive a child in order to raise it together, though in separate households. However, attempts over several years remained unsuccessful. Victor and Daniel moved on to a second arrangement with a different female friend. This time a pregnancy occurred before long. The woman told Victor he was the father and invited the couple to join her on ultrasound scans, planning to raise the child together. Victor and Daniel were thrilled, but conflict emerged a few months into the pregnancy. The

prospective fathers wanted written agreements regarding the shared parenthood, which the mother refused, explaining that she had second thoughts about Victor and Daniel's suitability as parents. The conflict escalated, the gay couple demanding DNA proof that Victor was indeed the biogenetic father, a proof she refused to produce. Contact was cut off and the conflict was not resolved until the baby was a year old, when it became clear that Victor was not the genetic father after all. Many years had passed by the time Victor and Daniel told me this story, but the disappointment and grief was still highly detectable in their voices and body language. "I kept the ultrasound image as a background on my mobile phone – just imagine," Daniel said. They had overcome all obstacles and were going to have a child – and then lost it. When I met them in Mumbai right after the son had been born, Daniel explained to me that this experience had influenced their choice to pursue surrogacy:

We were not so keen on a close relationship with a surrogate. We preferred someone who would do a job and then move on, someone who was not emotionally involved.

Partly, their experiences had changed Victor and Daniel's idea of an "own" child, creating a feeling that involving a third person with considerable power made them vulnerable. The advantage of commercial surrogacy in India, as they saw it, was that it provided far more control, echoing what D. Riggs (2015) found among gay couples in Australia.

Along with legal rights, commercial surrogacy was also seen as providing a way to circumvent perceived moral and emotional dilemmas. As Daniel suggested, this was linked to the notion that Indian surrogates and egg donors provided reproductive assistance that was not invested with morality and emotion, preventing undesired relations from evolving. In our interview in Mumbai, David referred to surrogacy in India as his "only opportunity" for children of "his own". Asked to elaborate, he said:

(…) Because I am in a relationship with a man and not a woman, and it is not right to… I feel it is not right to have a child with a woman I don't live with. So this remained my only opportunity.

For David, the assistance of an Indian surrogate and egg donor did not fall into the category of having children with women he didn't live with in a moral sense, although it obviously did in other ways. The reason was simply that David did not feel that he had "had a child with" these women. Their assistance was impersonal and created no relations other than the desired one between David and his "own" child. Only commercial surrogacy in India could provide him this impersonal reproductive assistance and, thus, it was his "only option".

Alexander's perspective provided another example of how commercial surrogacy was valued due to its perceived non-creation of undesired relations. Alexander was one of the few gay men who ruled out adoption as an option. The reason he gave for this was not a preference for biogenetic ties as such, rather, Alexander felt that adoption, as opposed to commercial surrogacy, entailed a problematic disruption of relations.

Kristin: Would you consider adoption if it was more easily available to you?

A: No. I wouldn't. I think there is a lot in that business that has not come to the surface. Regarding the adoption process, there are things I don't feel comfortable with. And I have seen in my network quite a few people [who were adopted] struggling with… Even though they know that they were adopted for this or that reason, there is constant unrest. Something they can't come to terms with, that they carry around. Some do fine and are not marked by it at all, others struggle all their lives.

Alexander argued that adoption will always entail some pain – for the mother who has to give up her child and for the child who will always have to deal with the fact that it was given up. In contrast, Alexander claimed that surrogacy was a "new beginning" leaving no "heart-broken mother" behind, as neither the surrogate nor the egg donor were mothers, neither in their own view, nor in that of the IPs or the child. In Alexander's view, through the surrogacy process a baby's belonging and kin relations are clear from conception, avoiding the potentially painful rupture of kinship ties, specifically that between mother and child, and exclusivity in parenthood is secured.

Among gay men commercial surrogacy was chosen because it was seen as providing a way around risks and disadvantages of other methods associated with a mother playing a more substantial role. As noted, the emphasis on exclusivity and the desire for a gay *nuclear family* among the men in my study differed considerably between the gay fathers I talked to and those studied by A. J. Andersen (2003), who adjusted their family projects to heteronormative ideology by forming constellations of three parents including a lesbian couple and a gay father. I believe this difference should partly be understood as an effect "from without" (Murphy, 2013), i.e. the increasing availability of commercial surrogacy over the last decade. Moreover, Melhuus's observation (that what an "own" child means is highly contingent on what is *possible*) comes to mind, suggesting that this is not only the case in the procreative trajectories of individual couples, but also to some extent on a group level.

"A Mixture of Us"

As suggested above, in addition to comprising the explicitly desired parental relations alone, having an "own" child was, in most cases (though not all) also about creating a relation of co-parents. For those seeking co-parenthood, an "own" child implied – besides the strict limitation to a *two-parent* maximum – symmetry. The morally equal relation to the child shared between the two parents was of the utmost importance, an absolute criterion, echoing the "desire for sameness" which Melhuus (2012) describes with the involuntarily childless couples she studied. This means that an "own child" is a child that can be perceived as equally shared by the two parents.

My findings among heterosexual couples correspond to a large extent with those of Melhuus in this respect. Although often inhabiting different positions and roles in the parenthood process, the heterosexuals unequivocally saw having a child and, subsequently, surrogacy as a joint project carried out as a unit, and the outcome, i.e. the child, as equally shared. Again, "natural" heterosexual parenthood was the basic model. When both parents provided gametes, the fact that the child was equally shared seemed to go without saying[54], and the nature of sharing was typically expressed through idioms of consubstantiality such as "a mixture of us" or a "product of us", hence making an own child "the genetic verification" of its parents as a couple (cf. Folgerø 2008).

Correspondingly, asymmetrical genetic connections could jeopardise such a project. When I met Camilla and Christian, the couple had been through a large number of surrogacy cycles, never getting closer to success than one very early miscarriage. The one remaining option – which they were very reluctant to try – was using a donor egg instead of Camilla's eggs (or "using *me"* as Camilla expressed it). Christian's reasoning for not wanting donor eggs was that it would be "unfair" to Camilla. He wanted them to be "equal, in the same boat". To Christian, adoption, meaning no genetic ties at all, would be preferred to the asymmetrical relation created by egg donation (adoption was however unavailable due to both health and age issues), echoing priorities described by Melhuus (ibid). Camilla on her side expressed

[54] Although there was some frustration that home country legislation would only acknowledge paternity and not maternity on the basis of DNA tests, and as such distinguished between the parents, genes seemed to have the power to constitute equal parenthood in their shared moral understanding.

worry that donor eggs would imply a disruption of the bonds between the new child and her older children:

I would worry that they would not really see it fully as a sibling if no biological connection was there. Because the age difference will create some distance. It would be a sibling, but I would understand if they might not be as attached as they would with a biological sibling.

For Camilla, having an "own" child was, as such, also about ensuring ties beyond the parental unit and, specifically, to have the child accepted by its siblings. Although she seemed far less concerned with "equality" than Christian, this made her reluctant to use donor eggs, though she would not rule the option out altogether. The same went for Christian if left without other options, illustrating the flexibility with regards to how symmetry was constructed, and – also observed with Melhuus – the tendency to renegotiate values with reference to the paramount and prioritised one: having children at all.

In other cases where donor eggs were actually used by heterosexual couples, symmetry was primarily constructed by making the joint decision – "intent" – to have a child the morally crucial event of procreation. I will return to how this was negotiated with reference to ideas of kinship in Chapter 6. For now the point is that a moral – if not biological – symmetry was an absolute requirement for all heterosexuals in my sample.

"My Project" vs. "Joint Project"

Also for most of the gay men, having an "own" child was inextricably linked to "having a child together". The majority of the gay couples also viewed such symmetrical co-parenthood as essential, making the couple the undisputable parental unit, and their joint decision to become parents the morally significant connection to the child. Biogenetic ties were heavily downplayed as a crucial element, and most of the gay men claimed to prefer adoption over surrogacy. This is hardly surprising, as having a child together could never be a matter of a "mixture of us" for gays in biogenetical terms. Having a child together through surrogacy always entailed that one parent would be biogenetically unrelated, and one genetic connection would not be given social significance, i.e. the connection to the egg donor. As such, surrogacy inevitably created a certain asymmetry, a fact that may have contributed to the overall preference for adoption expressed among the gay men.

Dempsey (2013) argues that while the importance of biogenetic parenthood was strongly underplayed in the discourses of gay men becoming fathers through surrogacy that she studied, it remained a highly important kinship resource that had to be carefully managed. This was also the case in my study, particularly evident in the careful dealing with the inherent asymmetry resulting from unilateral biogenetic links. Deciding *together* who was to be biogenetic father was one manner of addressing this asymmetry as the biogenetic connections would be borne of a joint intent. Often, the decision was framed as a practical, almost trivial one, e.g. based on finances (e.g. choosing the one whose absence from work to take care of the child would affect the finances less). Another way of creating symmetry was turn-taking, i.e. planning to produce a sibling using the sperm of the one who was not the genetic father in the first round.[55] One couple chose to initiate parallel surrogacy processes in order "to have one each".

Unlike among the heterosexual couples, however, the gay men displayed more variation in how the relationship was understood between what Melhuus (2012) refers to as the horizontal relation between partners and the vertical relation between parent and child. Furthermore, "intent" seemed less obligating and less strictly temporally associated with the onset of the process. Paul, for example, was in a relationship when he started the surrogacy process, but his partner left him and he ended up a single father. "So I was put up the duff at forty-six!" Paul told me jokingly. It was revealed during the conversation that the child had not yet been conceived when the break-up happened. I asked if his partner leaving him had made Paul consider withdrawing from the surrogacy arrangement barely initiated at the time. He replied very emphatically:

> *No, no, no, no! It was a very intense process… [The relationship] started to deteriorate; he was making reservations and everything. But something happens, I mean, when you get those messages: "Your upcoming cycle"… that they had started this and that… egg donor and what not. It's as if it is impossible to… There are very strong forces at play.*

For Paul, the value of having a child far exceeded the value of co-parenting, and hence the break-up did not impact his surrogacy process. His ex-partner withdrew completely, seemingly not obligated to the once joint intent.

[55] As a result of the gradual shutdown of transnational surrogacy in India described in the introduction, many of the gay couples have since not been able to realise this ambition.

David was in a relationship, but described surrogacy as mainly "his project", in which his partner of many years was only partially involved.

David: As [my partner] already has a child, it sort of became… my project in a way. But he has mentioned that he would like to adopt the child, to make it a joint project, and I think he… I do not want to pressure him, but I do think he will want to when he has met the kid and… (…) He has been a little reserved. But of course, he supports me, and it is a joint project in the sense that, well, I wanted kids.

K: Would you have considered going ahead with surrogacy if he had been strongly opposed?

D: Yeah, I would consider it.

K: Right. As your project exclusively?

D: Well, no. When we live together and have our life together, it was a requirement that he wasn't totally against it. If he were totally against, it wouldn't have worked. In that case I would have to go my own way or let it be.

K: But nor was it a requirement that he was totally in?

D: No, as long as he respects my choices and supports them, and supports me in the new family situation, that will be enough, yeah.

Although David is hoping his partner will adopt the child in order to more fully share parenthood with him, he was also comfortable with a model where only one of the adults living with the child was its parent and the other its father's partner.

Samuel's project of having children was even more disconnected from his romantic relationship than David's. In fact, his partner was explicitly opposed to it. Samuel became a single father of a child through surrogacy a couple of years prior to our meeting. Now he was back in Mumbai to pick up a child born from a second surrogacy arrangement. Between the two births, he initiated a relationship with a man who did not fully accept Samuel's child. Despite this and wishing for a sibling for his child, Samuel secretly arranged a second surrogacy cycle with his frozen sperm at the Mumbai clinic. When his partner was informed about this step, a huge crisis arose that almost ended the relationship. When I met Samuel in Mumbai, he told me that he did not know for sure whether or not his partner would eventually support him. He also said that even though he was in a relationship, he did think of himself as a single father.

This series of examples suggests that although a romantic relationship was the preferred frame for having children for a majority of the gay men, there was some openness to more individualist arrangements with unilateral or asymmetrical parental bonds. This suggests that although "new gay families" "imitates" the heterosexual nuclear family in many ways (Murphy, 2013), they also adopt practices that challenge this model in fundamental ways where the vertical relation can be created and developed independently of the horizontal.

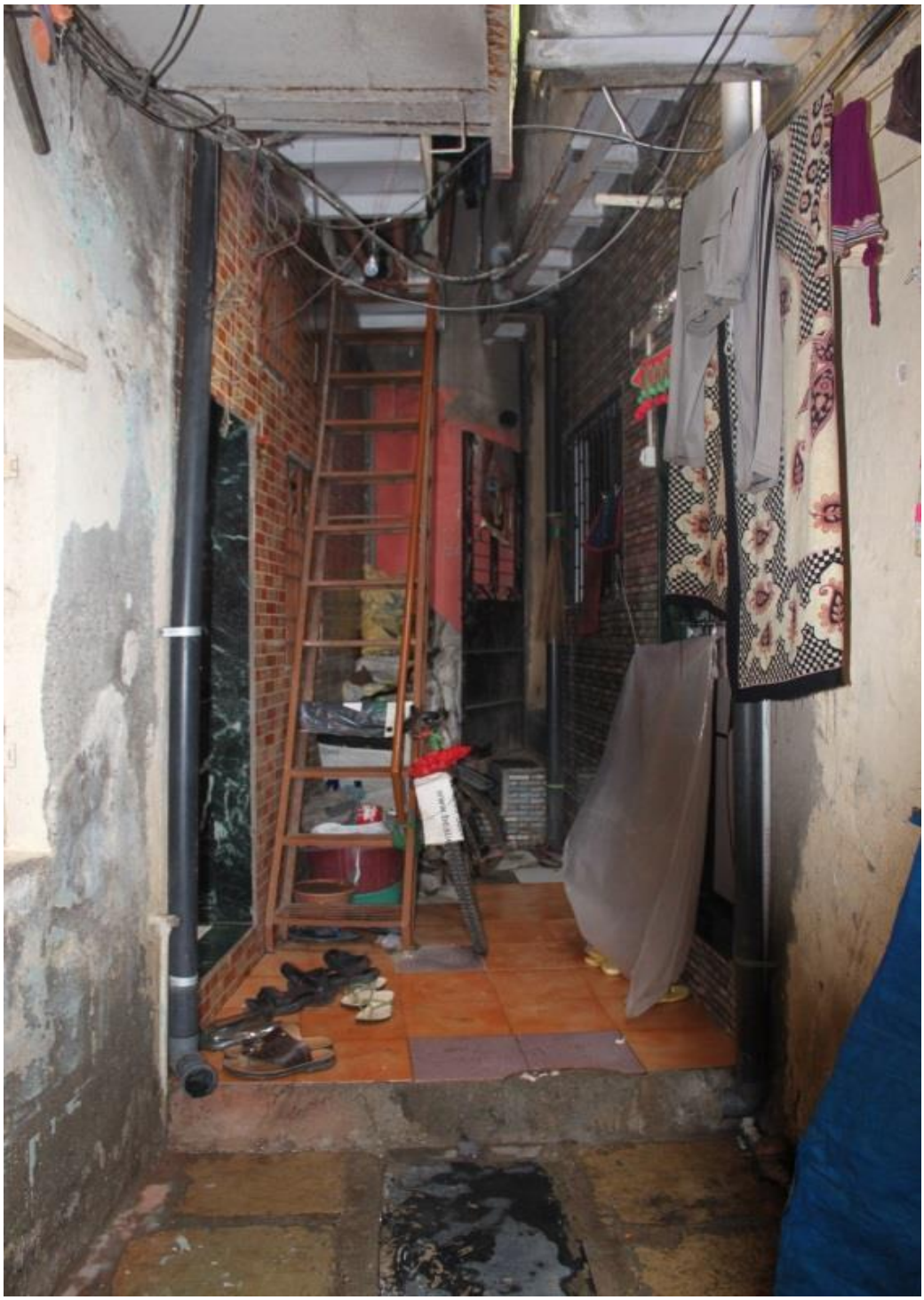
However, rather than seeing such practices as an expression of a specifically gay reproductive culture, they could be linked to a more general individualisation of reproductive desires and projects. Melhuus (2012) argues that the horizontal couple relation is no longer ascribed the fundamental meaning it once had as the relation constituting the background against which all other relations emerge and are given meaning. A. J. Andersen (2003) makes a similar observation. This tendency of increasing disconnection between the couple and procreation is also expressed in the growing prevalence of planned single motherhood in Scandinavian countries. Correspondingly, the vertical bonds, those between parent and child, are ascribed an independent, and to some degree, superior value. This is reflected, for instance, in Sarah's regret over having waited for a relationship in order to have children instead of just "going to Denmark". In light of this, the fact that the "desire for sameness" is so much more salient among the heterosexual couples in my sample could simply derive from the fact that surrogacy in India was not a viable option for single women[56] and that, for this reason, the women depended heavily on their male partners in order to go through a surrogacy process at all, rendering it a highly "coupled" project. However, I believe that my own findings, along with those of Melhuus and other studies from Scandinavian settings that describe "jointness" as an ideal even in the case of "natural" procreation (Ravn & Lie, 2013), all indicate that the committed couple still holds a firm position as the ideal frame for parenthood for heterosexual people. As noted, the trajectories of gay couples in my sample suggest that this ideal has gained ground even in the gay population, possibly in interplay with the historical emergence of commercial surrogacy as a viable option for planned gay parenthood.

[56] As described in Chapter 1, in all the countries represented in my IP sample legal maternity is ascribed to the one who gives birth. Unlike paternity which can be transferred on the basis of a DNA test, biogenetic ties are legally irrelevant to maternity, which can only be transferred from the birth mother through adoption.

Conclusion

In this chapter, I have explored the trajectories that led IPs to commercial surrogacy in India, i.e. conditions, experiences, desires and considerations making it a meaningful and attractive option. I have argued that surrogacy in India provided the IPs with what they would refer to as a "last resort" or "only opportunity" to escape what they experienced as reproductive marginalisation through the policies that prevented them from fulfilling the desire for a child in the face of obstacles such as infertility or homosexuality. In addition, I have argued that the IPs engaged in negotiations and reinterpretations of values in order to legitimatise such an act of (re)claiming reproductive entitlement, contending that naturalisation of the desire for a child and a simultaneous denaturalisation of their childlessness, lay at heart of this ethical work.

Furthermore, I have explored the desire for a child beyond its perceived naturalness, relating it to some imagined – desirable – social effects of having a child, effects that could not be produced in any other way, contributing to the sense of "desperation". Using Melhuus's (2012) concept of "an own child" as a point of departure, I have explored and compared notions of how a parent-child relation should be constituted in order to produce such effects, with the gay and the heterosexual IPs, respectively. Through this exploration I have highlighted the relationship between the IPs' desires and considerations and commercial surrogacy in India as a procreative method. Rather than emphasising biogenetic connections, I argue, the IPs were concerned with *exclusivity* and also, though less consistently among all of them, "jointness" of parental relations. Notwithstanding the gender and biological connectedness of the parents, the IPs shared the idea that parental bonds, however constituted, should be limited to two individuals at the most. I argue that commercial surrogacy in India – due to both its specific organisation and its embeddedness in global and gendered power relations – provided a unique freedom to control and interpret relational implications of the procreative method, making it a suitable option beyond a "last resort" or "only opportunity". This argument will be further developed in Chapters 4, 6 and 7. I will now proceed to explore the trajectories of the surrogates.



Typical Mumbai slum lane in the monsoon, door openings covered with plastic to keep water from coming inside.

Chapter 3: "Good Work" for Good Mothers? The Surrogates' Trajectories to Commercial Surrogacy

Prologue: "The way life has treated me, I have lost all hope"

"Look at me! I was happy just because I loved being groomed," Nisha says with a frown. Lata, Nausheen and I are with Nisha at her mother's house, and Nisha is showing us her wedding album. The picture we are looking at shows 13-year-old Nisha, adorned as a bride, next to her husband, twice her age. According to Nisha, her story, the one in which she eventually becomes a surrogate and gives birth to twins for a Australian couple, begins the day this man entered her life. Nisha's frowning over her naïve, childish enthusiasm over make-up and jewellery seems justified in light of what we now know was in store for the young girl. She had told Nausheen and me about it some weeks earlier when we interviewed her. That meeting had been an emotional and moving one.

Barely 1.40 metres tall and with a soft, high-pitched voice and a pretty, somewhat childish face, 26-year-old Nisha looks little more than a teenager even today. During our first meeting Nisha seemed tired, a little depressed perhaps. She cried almost non-stop during the interview, clutching her purse in her lap, wiping the streaming tears with her dupatta[57]*. Hearing her story of pain and suffering, watching her expressions of immense sadness, I had to choke back tears of my own now and then. At one point, Lata – who is Nisha's close friend and was present during the interview – broke in to comfort a sobbing Nisha, holding her close saying, "You are alive. Even this you will live through." I offered to interrupt the interview on a couple of occasions, ensuring Nisha she would receive the transport reimbursement and lunch money anyway. She declined; she wished to tell her story. It took her more than two hours.*

When Nisha was a young girl, her parents entered into a complicated relationship with a man renting a room in their flat. Nisha's father, I later learned, had married her mother as a

[57] The long scarf often worn by women in South Asia.

"second wife", dividing his time and financial support between two families. At the time when the tenant came into their lives, Nishas's father was drinking heavily and their economic situation was worse than ever. This made the family an easy victim for a bad man, according to Nisha. He took control of the household and came to rule over the family. He threatened Nisha's mother, stole money and beat and sexually abused Nisha. When she was 13 he demanded to marry her. Her parents did not dare to refuse. Nisha explained why she, too, though terrified, agreed to marry this man more than twice her age:

"Since he had threatened my mother, I was very scared. That is why I said yes. My mother told me that after you have had physical relations with him, which I did from the age of 12, how could you refuse marrying him? So I had to say yes."

The new couple started out their married life with the groom's family in a village a few hours from Mumbai. It turned out to be a veritable nightmare for Nisha, one filled with harsh physical and sexual violence, hard work in the fields and repression on the part of her husband and mother-in-law. Within a year after the wedding, Nisha gave birth to her first child. Some years later, she lost a newborn, a death she felt was caused by her husband forcing her into sex while in the ninth month of pregnancy. After her second child died, Nisha's husband started pressuring her parents for money. When they refused, he intensified the beatings and locked Nisha inside the house.

"Then I asked my mother, 'What should I do if my husband beats me up so much?' My mother replied that if you come back safely, I will keep you here as my daughter. But if you cannot come back, then die there only. Once when my husband had gone to work in the field, I ran away from the house and came to Mumbai. When I reached here I was in very bad condition. My saree was torn. There were bruise marks of torture and beating all over my body. So much, that even my brothers could not recognize me. My mother had given me some silver object, which I sold in the market for 300 rupees and with that money, I reached Mumbai."

Nisha's mother initially kept her promise and received her and "kept her as her daughter". Nisha's parents informed her husband that she would not return because he had mistreated her. But now, about six or seven years later, Nisha's dependency on her natal family is one of her biggest concerns. She does not feel welcome in her mother's house; she feels her family is waiting for her to fix her broken life herself. "In Indian culture it is said that a daughter has

less space in her parents' house, as she belongs more to her marital house," she explains to me. Nisha agrees that she is not entitled to her family's support, and she wishes to take care of her child herself. But although she has some skills (she is an excellent cook and a trained beautician), Nisha has never been able to find stable work. She decided to do surrogacy after multiple egg donations, hoping it would provide a more permanent solution. However, when we met her a few weeks after the surrogacy delivery, the money was already spent and all Nisha had left were two gold necklaces she had purchased, one for herself and one for her daughter.

Nisha is depressed because she feels her options have been exhausted and no solution is to be found. She does not want to do surrogacy again. It was too hard and painful. Besides, she fears that yet another C-section would make it difficult for her to have another child for herself, which could in turn also negate the only hope she has left: getting remarried. Then again, who will want her, with her story? "The way life has treated me I have lost all hopes of ever finding [someone to take care of me]," she tells us.

Back in her mother's house, Nisha has taken out another photo album. This one was a gift from the Australians, her "clients". The first pages show photos of the couple, a blond woman and a tall man – happy-looking, beautiful people in nice, green scenery. Then a photo of Nisha, dressed up, smiling and holding a teddy bear. The caption says: "Celebrating your 26th birthday". I ask Nisha if the teddy bear was a birthday gift from them. She explains that they didn't really celebrate her birthday. They had just met up for some paperwork. The toy belonged to the manager of the surrogacy clinic, and Nisha had picked it up because she felt awkward being in the picture alone.

More photos, this time from the couple's wedding. Nausheen and Lata study the pictures at length, displaying their interest in Western wedding paraphernalia. The last two photos show two empty baby cots and an empty twin stroller. "No photos of the babies?" I ask, remembering Nisha had told me she had fantasised about giving just one of the twins to the couple, keeping the other for herself. She gives me a sad smile and shakes her head.

"But I did see them and hold them before they took them away – twice," she says, now smiling her adorable, happy smile, asking us if we want chai. As she serves the tea, I can no longer see the vulnerable and broken Nisha behind the happy face, the peaceful movements and the friendly openness. And I remember what she has told me:

"Whatever problem I have faced in life, I have smiled myself through it."

Introduction

In this chapter, I will discuss the trajectories through which the surrogates entered into commercial surrogacy, exploring their motivation with reference to marginalisation and morality. I've made Nisha's story the backdrop for the discussion, not because it represents all surrogates' stories. Rather, it has been chosen because it clearly illustrates how the motivation to enter surrogacy was formed against a complex background of events and circumstances, conditioned by patriarchal power and a crude class society in which women's economic dependency was the rule and no social or economic security existed outside kin relations.

The Indian fertility industry often depicts Indian women as embodying the sort of reproductive labour assumed in the typical neoliberal projection of commercial surrogacy: a woman who is motivated by money, willing and complacent but not morally invested or entitled. Portrayed in this way, surrogacy is purely beneficial for the surrogate as it enables her to escape poverty – and patriarchy – by taking ownership of and profiting from a commodity in demand, i.e. her fertility. Gestational surrogate motherhood and egg donation are seen as giving Indian women new opportunities in an emerging market, entailing new freedom to participate in the public sphere, transcending the traditional consignment of women to the private sphere and to economic dependence (Rudrappa & Collins, 2015). This image of commercial surrogacy has repeatedly been challenged by feminist scholars, analysing the practice as commodification and commercialising of new parts and functions of women's bodies, and hence just another form of patriarchal subordination and capitalist exploitation (Qadeer, 2010; Vora, 2009, 2015). In light of the structures shaping their conditions, lower-class Indian women's trajectories into surrogacy are an instance of the process rendering poor women "bioavailable" (Cohen, 2008) to richer and more powerful people, and thus another effect of the global stratification of reproduction (Ginsburg & Rapp, 1995).

Enabled as it is by shifts in the global economy, as well as by a gendered division of labour and notions of differing femininity, surrogacy and egg donation for an international market fit into the wider context of the globalisation of female services famously described by Ehrenreich & Hochshild (2003). Similarly, Cooper & Waldby (2014) argue that reproductive outsourcing, of which commercial surrogacy is a subcategory, is "profoundly entwined with the post-fordist reorganization of other kinds of feminized labour and the rendering of formally domestic, privatized aspects of household reproduction as service labor, itself often transnationalized" (ibid:87) and point out how this development has been facilitated by multilateral economic agreements and institutions such as WTO. According to Ehrenreich and Hochschild (2003), globalisation of female services is supported by an ideological construction of women from the global south as not only available, but also particularly suitable for traditional female services, such as childcare, homemaking and sex. Not yet fully "modernised", southern women have retained a femininity lost among the women they replace: "[t]hey are thought to embody the traditional feminine qualities of nurturance, docility, and eagerness to please" (ibid:30). Cooper and Waldby (2014) argue that there is a racial dimension to such construction of reproductive labour – with reference to transnational gestational surrogacy in India: white parents have white children by non-white surrogates, as a form of reproduction of whiteness, linked to a long history of non-white women's creation and care for white children, through practices such as wet-nursing, household-servitude and illegitimate bearing of children. Vora (2015), too, argues that commercial surrogacy in India should be understood as the intersection between two histories: the history of women being produced as disadvantaged through caste, class and gender in India, and that of how care workers and care work has been put into global circulation.

With such structural embeddedness as my point of departure, I wish to contribute to our understanding of how reproductive labour is made "bioavailable" an account in between "graphic exploitation" and "heroic agency" to put it Cohen (1999:138). I will do this by discussing the surrogates' own accounts of their trajectories and how their decisions were motivated, specifically how they managed and resolved the moral value conflicts they perceived in surrogate motherhood. After giving a brief outline of the material and social conditions described by the women as "desperation", I will argue that their interest in the money notwithstanding, the (relatively large) amount offered was not in itself enough to

motivate the surrogates I met to enter into a surrogacy arrangement. Most of them had initially perceived of surrogacy as utterly morally problematic and undesirable. In order to motivate their decision to become surrogates, the women sought to reconceptualise surrogate motherhood, converting it from "bad work" into "good work", negotiating values such as money, parental obligations and feminine respectability.

"Desperation" at the Intersection of Class and Gender

We do it because we are desperate for money and have our own problems. Otherwise, this work does not interest me at all. Why would I have done this? Only because I had no choice! And I did not do it willingly. I stayed without my kids for 8-9 months. (Jamila)

We desperately needed that money since we are so poor and have kids going to school. There aren't many jobs available nowadays, and illiterate people like us don't get well-paying jobs. We are poor people, who did surrogacy for the money it offers. (Neha)

As noted in Chapter 1, the fact that India is home to hundreds of thousands of women like Nisha, Jamila and Neha – living precarious existences due to poverty and patriarchal oppression – was one of the factors that made the country the surrogacy hub of the world. As Neha and Jamila suggested, social and economic marginalisation was a sine qua non of the fertility industry in Mumbai as it functioned during the time of my fieldwork. Surrogacy formed part of a wider reproductive job market, in which the women could and often did operate over several years. Surrogacy clinics recruited surrogates and egg donors almost exclusively in lower-class areas[58], often through agents sharing the same background, who "passed on" recruits to next-level agents who took the women to the clinic. Some women alternated between low-level agent work, surrogacy and egg donation.[59] Friends, sisters and

[58] According to accounts from both IPs and clinic staff, egg donors were also recruited among foreigners (usually white women) and middle-class Indians. Such donors were paid more and their eggs were usually sold at higher rates than "ordinary" eggs, i.e. eggs from lower-class Indian women.

[59] Misbah was the only former surrogate I met who had managed to climb to the top-agent level, where she was paid INR 50 000 (EUR 650) if and when the surrogate she recruited completed the pregnancy and gave birth. If she received assistance from lower-level agents she would be required to share some of this money with them.

sisters-in-law often functioned as low-level agents, receiving a small sum for bringing prospects to main agents.[60]

Often agents would initially recruit a woman for egg donation and subsequently step them up to surrogacy at a later stage.

In the neighbourhood, there was a lady who told us there is this "small work" that has to be done, that is egg donation. So first I went for egg donation. Then the lady told me there was something bigger than this. It's about giving birth to a child, and giving the child to someone else. "So when will you do that?" That is when I went for it. (Nadia)

Nadia, 27 years old at the time of our meeting, had not kept track of the number of times she donated her eggs to the fertility business before she went in for "the big work", but guessed it might be as many as 15. Like Nadia, at least half of the surrogates I talked to had donated eggs, many of them on several occasions, both before and after surrogacy. By the surrogates' accounts, it seemed as if agents would often deliberately target women who they knew acutely needed money, as suggested by this account from Lalitha, a 24-year-old divorcee working as a domestic servant.

(…) My mother had taken a loan to arrange for the marriage expenses of my brother, and she was unable to pay it back along with the interest. So I did surrogacy to pay back that loan amount. (…) My brother made no effort in paying back the money or interest to the lender. Both my brothers have no work as of now. So I wondered how my mother would repay this loan. The lender, who is a lady, she told us, "If you don't repay the loan, I will take away your house" (…) That is when [agent's name] approached me, asking if I'd like to do surrogacy. And I agreed, saying I'll do anything for my mother. She took me to a clinic, where I met Lakshmi Madam. The transfer happened in Bandra, after which I was paid 10 000 rupees.[61]

As Lalitha's account exemplifies, the women always made relevant their material conditions: poverty and social insecurity, often expressed as "desperation" when explaining why they had

[60] This may explain the very high density of surrogates in some of the networks we became acquainted with, as in the example of Beena and her sisters. After our interview with 28-year-old Beena, who stayed in a village a couple of hours from Mumbai, she invited us to her house to meet and interview her older sister, Rupa, who had delivered a surrogate baby only two weeks earlier. When Nausheen and I arrived at Beena's tiny one-room house, the floor was filled up with sisters staying nearby, who had come to take part in the event, perhaps out of curiosity, or perhaps to support Rupa, who was still feeling weak and in pain after the C-section. On this occasion we learned that out of the six sisters, four had been surrogates. Only the two youngest, who were still unmarried, childless and thus ineligible, had not enrolled as surrogates.

[61] Approximately EUR 140. What Lalitha referred to here was not the full surrogacy fee, but the first instalment of it, paid after embryo transfer.

entered surrogacy. Poverty was indeed extreme in some cases. Prior to her surrogacy pregnancy, 30-year-old Amina, for instance, was a mother of two. She worked at home measuring and cutting clothes for a garment company at the remarkably low rate of 25 paisa (one-fourth of a rupee or approximately EUR 0.02) for each piece she cut. Amina's husband did occasional work in the neighbourhood, earning around INR 100 per each day of work he could get, meaning a maximum monthly income of around EUR 40, usually much less. Amina worried about how to send the children to school with no fixed income and so little money coming in. At the same time, their house, situated in a slum area infamous for its poor conditions, was falling apart. Amina told us:

In the monsoon, when there is heavy rainfall, the groundwater level rises, and the water gets filled up in my house. The water level rises from underground. The roof also leaks, and then, there is water all over the house.

Then an agent approached Amina and asked her to be a surrogate for a fee of a little over EUR 2 000, four times the family income in a very good year.

No matter how much we would work, we would never be able to collect this sort of money for our family. (...) Where else would we earn this sort of money from?

Within a month, Amina had made up her mind and convinced her husband. The "desperation" prevalent in the surrogates' accounts resonates with the findings of, for example, Pande (2009b, 2011), and poverty as a form of structural coercion has been suggested as a way of understanding motivation in the case of Indian surrogates (Qadeer, 2010; Twine, 2011). Arguing the need to analyse surrogacy in India as *work*, Pande (2009b) claims that surrogacy in India differs from surrogacy in the West in that it is a veritable survival strategy for the women hired as surrogates. My findings support this. While Amina's situation sits at the extreme end of the scale, many of the women in my sample lived in precarious situations, and were indeed looking for way out. Reported monthly household incomes ranged between EUR 15 and EUR 200, meaning that most, though not all, fell below the World Bank poverty line of USD 1.25 per day per person. While not pertaining to the most destitute strata of Indian class society, in which people are homeless and starving, the surrogates I met were nonetheless poor. Nearly all of them lived in slum-like areas, i.e. unauthorised settlements consisting of very small units with inadequate access to clean water and sanitary facilities. Many struggled with huge debts, often accumulated over years of insufficient income. Quite a few had received education, in the sense that they had gone to school, a few for as long as 10 to 12 years. Yet, while six of the women were illiterate in the strict sense, a much higher

number was so in the functional sense, meaning they were unable to read beyond simple sentences and words, much less keep a job where reading and writing were required.

Twenty-three-year-old Bushra felt that being "uneducated" made it very hard to manage everyday life on her own, especially after her husband abandoned her.

(…)I have not received much of education. But I do want to educate my own children. Even when I have to travel alone, I do not understand which train goes in which direction, and I always end up asking around for directions. I don't want my children to live like that. With all these things in mind, I thought that this work is not wrong in any way.

Distribution of education reflects the gender inequality of Indian society: slightly more than half of India's adult female population (51 per cent) are literate, while the proportion among men is 75 per cent.[62] Pande (2009b) describes from Gujarat how the women opting for surrogacy were marginalised from other labour markets. This was also evident with Mumbai surrogates as well. Lack of education obviously contributed to this. Since the initiation of economic liberalisation in 1991, technological, economic and social change have challenged gender relations in India (Nielsen & Waldrop, 2014), and middle-class women's lives in terms of economic dependency have changed (Waldrop, 2012). For lower-class women, however, employment rates have in fact dropped since 1991 (Neetha & Mazumdar, 2011; Nielsen & Waldrop, 2014).

Thus, most of the surrogates would probably settle for considerably lower earnings elsewhere if they could find such a job, but other job opportunities appeared scarce. Most of the women did not have any paid work outside the home when they decided to enter surrogacy. Of the women who did have paid work, the majority were maids in private homes, usually part-time, and earned between EUR 25 and EUR 45 a month. Some did occasional temporary work, for example, in catering, i.e. as cooks or waitresses at wedding receptions and other festivities. The irregularity and unpredictability of such work, however, ensured that incomes were usually meagre. In fact, none of the women I talked to were able to make a living for themselves and their children from paid labour outside the fertility business. This made them extremely vulnerable to dysfunctional or disintegrating kinship relations within the networks traditionally expected to provide for them, which is the topic I will cover below.

[62] http://www.unesco.org/uil/litbase/?menu=9&programme=82 Accessed May 25 2016.

Lata's year of looking for work

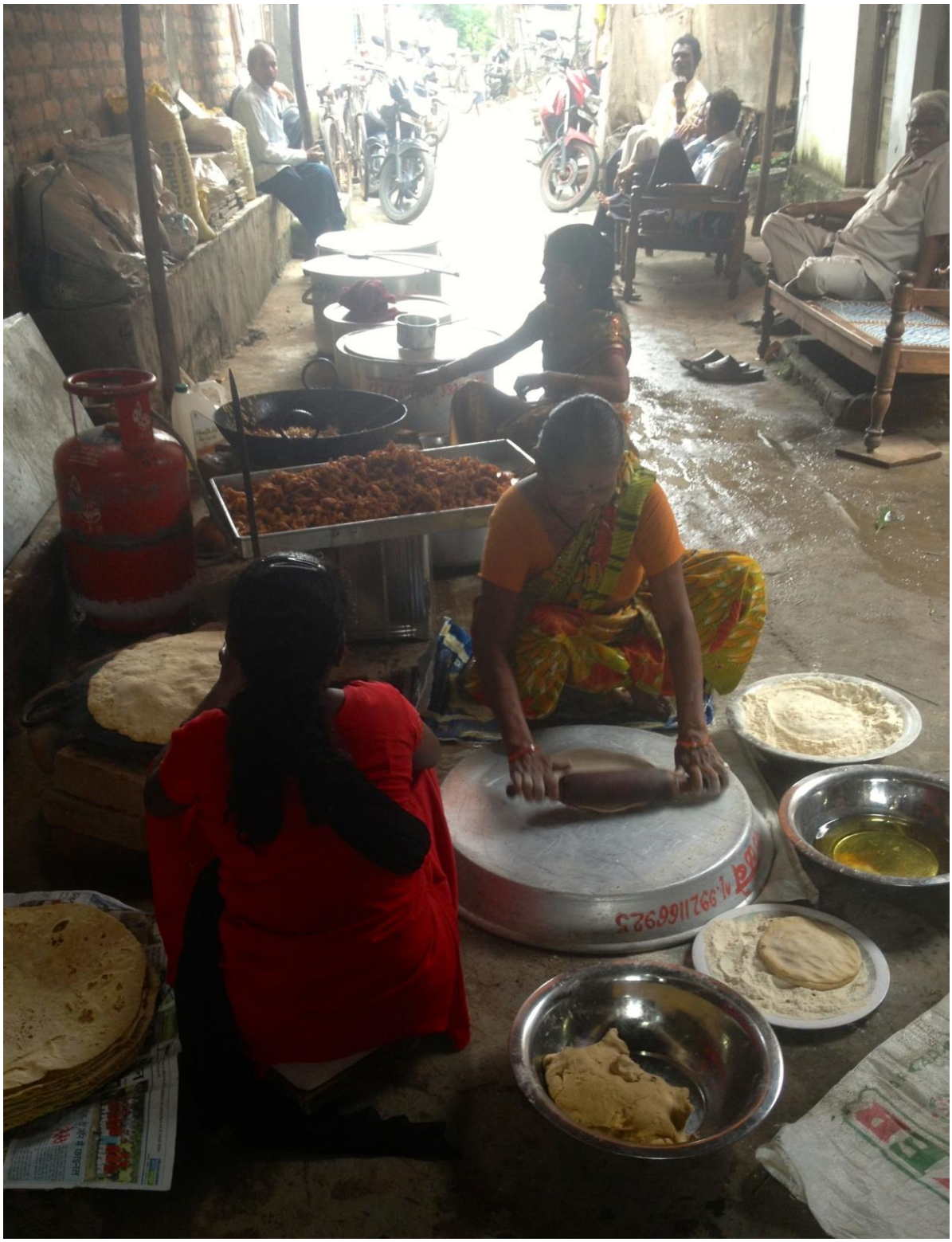
Lata's husband, Santosh, became handicapped following an accident, leaving him with injuries that caused daily pain and exhaustion. This made it too difficult to hold a physical job. And although Santosh was literate, had completed 10th grade and spoke some English, he seemed unable to find a different sort of job. Lata partly attributed this to what she saw as his lack of "guts". Santosh himself admitted to me that the inevitable rejections depressed him to the point where he preferred not trying at all. This gradually left the illiterate and uneducated Lata in charge of bringing in money, and she opted to do surrogacy as a result. However, the surrogacy fee she received was spent within a year, and new solutions had to be found. During my fieldwork, Lata talked about doing surrogacy again, but she was also continuously looking for an option that was less taxing on her health and on her family.

Due to her very chaotic and troubled childhood, Lata quit school in 3rd grade. Despite being remarkably "streetwise" and intelligent enough to learn some English on her own, she had never learned to read or write. After surrogacy, Lata had hoped to be able to work as an agent for surrogates, which paid around EUR 700 per surrogate after the child was delivered. Literacy is a necessary skill if a surrogacy agent is to be efficient, as helping out with the paperwork is a crucial part of the job. Lata did, however, make some money from recruiting egg donors, earning around EUR 15 for each lady she brought in. The money earned as an agent was far from enough to make ends meet, although Santosh was still working at this point, bringing in around EUR 65 a month. Factory work was possible; she had friends who could get her into this line of work. But with 12-hour shifts, who would cook for the kids and take care of the housework? A couple of months into my fieldwork Lata donated eggs for the fifth time. This brought her EUR 420. She did however feel unsure about doing egg donation again. Several donations, three completed pregnancies, three abortions, how much before her body had had enough? Her back was hurting, and she was still troubled by the stitches from the caesarean procedure delivering the surrogate baby.

Lata's job search seemed to me rather unsystematic and disorganised. Unable to read and orient herself in the classified sections, she headed in whatever direction the latest rumour of possible opportunities led her in. In January, she was recruited by her friend Uma to do some telephone work, answering calls from lonely men, keeping them chatting as long as possible without allowing any "dirty talk". Lata thought the work was good because it could be done from home, although she struggled to keep track of her calls as she was unable to record them in written form. In the end it turned out she hardly made any money: her monthly commissions mounted to around EUR 25, which she had to travel very far to pick up. So after a few months she quit, determined to find something better. In May, she got an offer to be a driver for an all-female pick-up service for women call-centre workers, but it turned out she would have to pay for a driver's licence and driving lessons herself, which she could not afford. At this point, Santosh had definitely given up working, and Lata had to intensify her search. In August she heard there was a vacancy as a housekeeper in the nearest five-star hotel. Lata applied, only to find the rumour was false. In September she went back to the surrogacy clinic, again asking about agent work, egg donation and even surrogacy, only to be told the market was down as new rules kept foreigners from coming at the moment. She Skyped me the same afternoon asking if I knew what could be done to make the foreigners come back for surrogacy.

In October she enthusiastically informed me that she had been hired as a nanny for a foreign family. She lost the job after only one day, as it soon became clear that the lady of the house did not find Lata's English good enough. Her luck appeared to change again only a couple of weeks later. Lata had been offered work as a security guard at a local shopping mall, paying EUR100 per month for eight-hour shifts. However, this apparently perfect opportunity proved intolerable over time: Lata was required to stand upright for eight hours without any breaks, not even for eating or going to the toilet. And when the shift ended she had to go home and cook, make bread, sweep the floor, clean the dishes and wash clothes for four family members in cold water by hand. Santosh, despite spending his days at home, could not be persuaded to do housework.

"I got so tired. My back pained all the time," Lata told me, explaining why she left the job. But she was hopeful – her former employer had given her the impression he could offer her something similar, but with shorter shifts. However, this never happened, and Lata ended the year as unemployed as she started it.



Catering work. Women cooking for a funeral reception.

Lost Husbands and "Second Wives"

In addition to their underprivileged class position, many of the women had experienced economic, social and moral "breakdowns" threatening their social security and health as well as their feminine respectability and normalcy. In Nisha's account, presented in the prologue, her surrogacy narrative began with her sexual abuse. The hardships of Nisha's story may have been extreme, though similar details were quite common among the women I met: dysfunctional families, violence and abuse, divorce, bad health and death. Such circumstances, often entailing marginalisation and uncertainty, more often than not had to do with womanhood in a prevailingly patriarchal society.

Nadia's case provides an illustrative example. We met her, a mother of two, shortly after she had given birth to the surrogate child. She was one of the surrogates who introduced us to her husband early on and both of them generously invited Nausheen and me into their lives. At our first meeting they told us Nadia had done surrogacy to settle a debt they had developed when helping less resourceful and respectable relatives. The surrogacy fee had enabled them to repay the debt and to regain financial stability, they told us. Nadia's husband, Naushad, later returned to work as a carpenter, and Nadia did not have to work at all. However, during one of our many visits to Nadia's home we gained an initial glimpse into what would reveal itself as a very troubled and complicated situation. Seated on the floor of their dark and worn-down slum room, Nadia, Naushad, Nausheen and I were having soft drinks and biscuits, small-talking via Nausheen translating between Hindi and English. All of a sudden the curtain covering the open door was opened and a stout woman with light skin and a pink shalwar kamiz[63] walked in. She greeted us: "Salaam Aleikum". Right behind her followed two women in burkas, one of them with her face completely covered. I could tell Nadia was not happy about this visit, but the lady in pink did not seem to take notice. She sat down on the floor and started shouting at Nadia. For several minutes the woman continued yelling, saying Nadia's name, pointing at her own phone. Nausheen whispered brief translations to me as the discussion proceeded. The woman was a professional moneylender. Nadia owed her money and had been defaulting on her instalments. Nadia was apologising, explaining that she had not received the moneylender's calls due to the poor mobile signal in her home. But mostly she just kept quiet, taking the abusive scolding of the moneylender with a sheepish smile.

[63] Traditional South Asian outfit, including loose trousers and a matching long shirt/tunic.

Naushad was staring at the wall. The lady in pink seemed to ignore him completely. After about 20 minutes, the moneylender turned to me, asking in English, "When will she go for this surrogation (sic)?" Nausheen explained to me that the moneylender believed I was Nadia's next surrogacy client. I replied to her that I was not, but she seemed less than convinced. The moneylender and her crew were getting ready to leave when she looked at me again, saying, as if warning me, "It is not what it seems. They are very smart, you know."

After the unwelcome visitors had left, Nadia and Naushad filled us in on the story, half shameful, half relieved to let go of the secret of their continued financial troubles. They told us their debt to this woman went years back, and that they had been able to repay most of it with the surrogate fee. Interest remained, though, mounting to EUR 250. They repeatedly apologised to Nausheen and me for having to go through such *tension.*[64] I reassured them that we were fine, but they must have been upset themselves? To this Nadia replied with a resigned smile, "People coming to my house shouting about money is like a daily routine!"

As our relationship developed, Nadia shared bits and pieces of her story, all of them contributing to her resorting to surrogacy. Naushad had over time proven unable to fulfil his economic obligations as a husband. Although he was literate and an experienced carpenter, his unstable mood and authority issues made him incapable of keeping a job over time. Though he only occasionally brought in money, he kept spending, sending the small family more and more deeply into debt and financial despair. Yet he was not willing to let Nadia work, feeling a working wife would cost him respect in the community. He did, however, not oppose to Nadia donating eggs several times a year. After the agent who had arranged the egg donation informed her of the possibility of surrogacy, Nadia took a couple of years before getting ready to do it. In the interim, Naushad's masculine pride was the main challenge; she had to argue with him for months to persuade him.

After surrogacy, life remained difficult for Nadia. All the money was gone within weeks. We too, observed how Naushad kept losing jobs, getting into fights and occasionally he disappeared, leaving Nadia and their kids alone for weeks. Naushad also suffered from his

[64] The English word "tension" was frequently used by the surrogate participants to denote distress, discomfort, trouble etc.

own psyche. One time he showed me fresh scars on his wrists, testimony to moments of despair. Towards the end of my fieldwork we learned even more about the circumstances adding to Naushad's pain and Nadia's vulnerability: she was his "second wife", he already had a family when they got married. His family had never accepted Nadia or her children. While Nadia and Naushad had a very warm and loving relationship, he was under constant pressure from his family to leave her and return to his "first wife", making Nadia fear he would give up and abandon her despite their love for each other.

Nadia's story illustrates how deep financial dependency, which was both the norm and largely the reality in the strata of society where most surrogates are recruited, made the women vulnerable to dysfunction or disintegrating kin relations, especially marriage. Dube (1988, 1997) argues the centrality of patrilineal patri-virilocal kinship in the construction of gendered subjects in Indian society[65], providing the:

> *organising principles which govern the recruitment to and placement of individuals in social groups, formation of the family and household, residence at marriage, resource distributions including inheritance, and obligations and responsibilities in the business of living of individual members of the group* (Dube, 1988:11)

Such kinship implies that a woman moves in with her husband's family at marriage, and that financial responsibility and economic rights are transferred to a woman's *sasural* (home of the in-laws) (Dube, 1997; Grover, 2009). Thus, when a woman marries, her rights vis-à-vis her parents officially cease, and her husband and his family are expected to provide for her. Having a healthy and industrious husband – and a good relationship to the in-laws – was thus extremely important for a woman's finances. Many of them lacked these critical elements in their lives, and this seemed to be an important factor behind their decision to pursue surrogacy.

Being "married" is often listed by the clinics as a criterion for selection as a surrogate. While other works report that women employed as surrogates in India are mostly married (Kumari, 2013; Pande, 2009b), quite a few of the women in my study were not currently living with a husband. All had at some point been in a relationship that could be characterised as a

[65] Dube's analysis draws largely on Hindu kinship, however she points out that patrilineal patri-virilocal kinship seemed to be a common practice among Indian Muslims as well. This was also the case with the Muslim women contributing to my study.

marriage and all but one had children. But seven actually described themselves as separated, one as divorced and three were widows. These women had to function as primary providers for themselves, their children, and in some cases even their mothers, sisters and sister's children. Saraswati, a 24-year-old widow and mother of two, explained her decision to enrol as a surrogate this way:

S: My husband's sister told me about surrogacy and asked me to go the clinic. She told me that you have no one to look after you and your kids, so why don't you try surrogacy? The money will be useful for your kids later in life and for you also. By working in the company, I earned hardly 4500 rupees[66], but if I do surrogacy, then I will get a lump sum payment in one go. And whatever I earned from the company would all be spent away. I had no savings. So I thought if I get a lot of money, then I could keep aside some money for my kids, for their future.

Kristin: What were your initial thoughts and feelings when she told you this?

S: I thought that I have no husband to work and get home the money. Only I have to fend for myself and the kids. I thought to myself, that no matter where a person works, he has to bear some amount of hardships and pain. So I thought that since the payment in surrogacy is more, I will do that.

Some of the women had been abandoned by their husbands, experiencing the same practical and economic effects as from widowhood, though also with an extra element of shame and stigma added. Others were "second wives", another category entailing shame and vulnerability, as the marriage would not always be legally or socially recognised as witnessed in in Nadia's case.

Farah, who was 28 years old, was widowed five to six years before we met her. Some years after her first husband died, Farah had remarried a man in the neighbourhood. The marriage had however been a disappointment; the new husband did not wish to stay with her, nor did he provide much in terms of financial support. According to him, the first wife had the right to his occasional earnings. As the husband was the not the father of Farah's four children, he also refused to take any responsibility for them. Farah shared expenses with her mother, who had a small street stall where she sold *paan* (a betel-leaf-based digestive). She was, however, desperately struggling to keep her life together. She had recently lost her youngest child to dengue fever and resorted every now and then to "sleeping pills" to escape the grief and all

[66] Approximately EUR 65. Saraswati here referred to her monthly salary.

her worries. When I first met her, she had recently enrolled as a surrogate at the clinic, hoping it could improve the situation.[67]

Twenty-five-year-old Aisha had grown up an orphan. At 16 she got into a "love marriage" that turned out disastrously. Her husband was an alcoholic, and allegedly spent his days in the streets, drinking with friends. "He contributes nothing at all! Everything he gets his hands on, he spends on booze – or gambling," Aisha told me, adding that he would beat her if she ever complained. Thus Aisha, a part-time school assistant, ran the household of four on her very meagre monthly salary of about EUR 17. When I asked her how that was possible, she started crying, telling me that it really wasn't. She sometimes had to ask the neighbours for food for her children, or resort to humiliating visits to an aunt who would feed them reluctantly.

Namrata, a catering worker, did not know her exact age when I met her, but believed she was "within 30".[68] Ever since her husband died in an accident several years previously, she and her now teenage son had been living "at the mercy" of her elderly mother.

N: My husband was a Gujarati[69], and after his death, his family disowned me, saying they cannot take responsibility for me. They refused to take care of me, so I came back to my mother, and it's been seven years now that I'm staying with her.

Kristin: Why did they disown you?

N: Because we had a love marriage, and his family had not approved our marriage. They were against it.

A "love marriage" implies that the union was not arranged and sanctioned by their respective families, which is the normal and preferred procedure, in which women's sexuality and reproduction remains within patriarchal control (Dube, 1988). However, an arranged marriage

[67] According to Farah, the clinic did not have any concerns about her entering surrogacy within months after the death of her small son. Farah was initially accepted and hormonal preparation for embryo transfer was initiated. However, the clinic cancelled her contract before transfer took place when Farah showed up for an appointment visibly intoxicated. Farah's hardships continued and the last time I met her, a couple of days before I finished my fieldwork, she was deeply in debt and more troubled than ever.

[68] My general impression was that many of the women did not keep very exact track of age, neither their own nor their children's. However, it is somewhat striking that almost all the women will state an age below 30, which is also a common upper age limit for egg donation.

[69] Meaning that his origin was the Indian state of Gujarat. Namrata was of a Maharashtrian caste, meaning that the marriage was so-called "intercaste", which is perceived as unacceptable in certain circles.

also secures certain rights for the woman. At first sight, love marriages may appear to be an act of individual liberation from patriarchal restriction. For quite a few of the women I met, however, having a love marriage had contributed to their precarious situation, either due to rejection from the new family (the in-laws, as in Namrata's case) or because it had cost them all support from their natal families, weakening their social network (Grover, 2009). According to kinship norms, seeking support with natal kin after marital breakdown was perceived as problematic. Among the women living with their parents due to marital problems or a break-up, tension was often reported. Nisha's story from the prologue, too, can serve as a crude example of how the patrilineal, viri-local kinship system and economic dependency made it very hard for the women to escape dysfunctional marriages, also leaving them with few opportunities for economic support if they did.

Jyoti's Surrogacy Story: An Unsuccessful Escape Attempt

When we met 26-year-old Jyoti for an interview, she had brought along her friend, neighbour and former agent Parvati[70]. Jyoti seemed shy and uncomfortable, but insisted she wished to share her experience with Nausheen and me. Most of the time, however, she left the talking to Parvati, who caste herself in the leading role of Jyoti's surrogacy story.

Some years earlier, Jyoti had been married into a family staying close to Parvati's home, and the women befriended each other. Parvati witnessed how Jyoti suffered under the hands of a despotic mother-in-law who controlled and harassed her. Jyoti's husband was of little help to her, as he mostly sided with his mother or did not get involved at all. Parvati suggested surrogacy to Jyoti as a possible way out of the difficult familial situation; with some money of her own, she could purchase a separate house where she and her husband could establish a household. Jyoti agreed, and was given permission by her husband and mother-in-law, with the help and support of Parvati. Contrary to the official guidelines for eligible surrogates, Jyoti did not have children when she was recruited, as she miscarried the only time she had conceived. However, sharing the details of Jyoti's misery, Parvati managed to persuade "Madam", the fertility doctor, to accept Jyoti as a surrogate anyway. Unfortunately, out of the approximately EUR 4 200 Jyoti was paid, her mother-in-law confiscated two thirds, and the

[70] Parvati was also a participant to the study.

lakh[71] of rupees Jyoti was left with was far too insufficient a sum to get a house elsewhere. So Jyoti's hardship continued. In some respects, the situation had worsened when we met her, as Jyoti still had not conceived again. Two years after the surrogate baby was delivered, Jyoti and her husband were still childless, a fact her mother-in-law blamed Jyoti for. Jyoti worried her infertility was related to surrogacy. Parvati regretted her own initiative, feeling that she had not helped her friend at all and had, perhaps, even made things worse for her.

Jyoti's story illustrates not only how patriarchal structures shaped the women's lives and experiences, but also the complex gendered nature of power and subordination. The same severely restricted agency motivating her for this move, made the plan degenerate into exploitation and abuse by her in-laws. Jyoti's apparent, very limited control over her surrogacy arrangement, making her resemble the stereotypical Indian surrogate mother, often portrayed in Western media, as a suppressed woman "pimped out" by her exploiters, was in fact quite unique in my material. However, it should be noted that such cases existed.

While patriarchy, manifested in kinship norms (violence against women and economic dependency) was certainly a precondition for Jyoti's troubled situation, "forcing" her into surrogacy, those who benefited the most financially from her doing so were women: Parvati as her agent, "Doctor Madam" and Jyoti's mother in-law. Jyoti's story, thus, also illustrates the complexity of gendered power as it played out in this field.

"Then I Realised It Was Good Work" – Reconceptualising Surrogacy

I had a Muslim friend who had done surrogacy, she told me about it. When I first heard about something like surrogacy, I did not like it, and did not understand what the process is. But she told me that it is all done medically. I thought that I will have to have physical relations with the man to carry the child, and that is why I did not like it. But my friend told me that it is done through injections, and medicines, I then understood how it was done. (Leela)

"Desperation" notwithstanding, the relatively large sum of money offered was in itself not enough to motivate the women to enter surrogacy. Most of them had initially perceived of surrogacy as very morally problematic and undesirable. As previously noted, in order to motivate themselves to take the decision to become surrogates, the women engaged in active

[71] *Lakh* is an Indian expression for 100 000.

ethical work reconceptualising surrogate motherhood, converting it from "bad work", somehow akin to prostitution, into "good work".

Perceived moral dilemmas were largely associated with gender and sexuality, constituting the association to prostitution. Patriarchal values prescribing women's subordination and strict control over female sexuality and reproduction hold a key place in traditional South Asian culture (Chatterjee, 1989; Dube, 1988, 1997). Female sexual purity has historically been paramount in both Hindu and Muslim culture, correspondingly spatial regulations aimed at preserving such purity in women has been practiced (Dube, 1997). Subalternist Chatterjee (1987) argues a connection between the gendered social separation of the social space into *ghar* (home) and *bahir* (outside), and the moral negotiation of modernity. According to Chatterjee, the postcolonial national Indian identity was constructed with reference to this separation, in which the distinctively Indian was preserved on the female side of a series of dichotomies denoting varieties of inside vs outside: feminine-masculine, ghar-bahir, spiritual-material. The new nationalist patriarchy put women in charge of preserving the essentially "Indian", allowing men to engage in the materialism of modern markets and Western culture.

I argue that transnational commercial surrogacy, moving women's reproduction and perhaps even sexuality into the market by means of modern technology, and, in exchange with Westerners, implied a series of transgressions of such gendered boundaries, contributing to the perception of it as "bad work".[72] Thus the modernity, "freedom" and new agency implied in commercial surrogacy as a new opportunity caused the sort of normative disruption requiring ethical work, specifically to address patriarchal values and virtues and resolve perceived conflicts emerging between these and entering surrogacy. In the following, I will demonstrate that the neoliberal imagery of surrogacy, conveyed by the industry itself, played two different roles in the women's response to this dilemma. Some elements, such as the notion of a "medically conceived" baby and of course the mere idea that pregnancy can be "work", were indeed included to construct surrogacy as "good work". Nonetheless, the women also engaged in producing understandings distinctly contesting the neoliberal notions

[72] This perspective seems even more relevant in light of the recent (October 2015) action taken by the conservative Hindu Nationalist Prime Minister Narendra Modi, in which *transnational* commercial surrogacy was shut down on one day's notice, while the domestic market was left unaffected and thus remains largely unregulated.

of "choice" and pursuit of economic self-interest, appealing instead to patriarchal values such as feminine virtues and subordinated womanhood.

"Desperation" and the Moral Meaning of "Choice"

When the ethics of commercial surrogacy are debated, the values of choice and autonomy often hold a central place (Kroløkke & Pant, 2012; Markens, 2007). Women's rights regarding bodily autonomy is frequently employed by feminist supporters of surrogacy; each woman should be entitled to decide for herself if and how to make money from her body. In their analysis of neo-liberal ideology in discourses on surrogacy in India, Kroløkke and Pant (Kroløkke & Pant, 2012) point out how clinics convey an image of surrogates along such ideological lines. Clinics portray surrogates as a sort of neo-liberal subjects exercising individual autonomy, choosing surrogacy in order to pursue their "goals". Contrastingly, the surrogates I met, rather than focusing on the autonomy and the individual self-interest of their decision, described their engagement in surrogacy as an effect of opposite conditions: dependency, helplessness, submissiveness and self-sacrifice.

"Why would I have done this? Only because I had no choice! And I did not do it willingly," said Jamila (quoted in the introduction to this chapter). Like Jamila, hardly any of the women I met would present surrogacy as something they "wanted" or had "chosen". Mostly it was more or less explicitly portrayed as a "non-choice". I have already argued that the poverty among the women was great, persistent and caused by gendered economic structures external to the women's individual choices. I certainly do not question the surrogates' claim that they were "needy" and even "desperate". However, as Pande suggests, references to "desperation" were also a way of distancing oneself from the act (Pande, 2014). In the context of the surrogates' ethical work, "desperation" functioned as a way of retaining the decision to enter surrogacy within an acceptable feminine morality in which there was room for "need" but not for "greed".

Along with this, the women would explicitly tone down the *individual* agency of their decision. Unlike what is sometimes assumed by critics of surrogacy in India, I did not come across evidence of coercion into surrogacy by family members or by others. No one reported to have been pressured or persuaded. Quite the contrary, the women reported that they

themselves came to know about surrogacy first, searched for additional knowledge and established the relevant contacts. When husbands and/or mothers-in-law also lived in the woman's household, they were typically persuaded *after* the woman herself had made up her mind. Despite being the active party in this sense, married women would usually strongly implicate that their husbands – and often also their in-laws[73] – shared in the decision, stressing their own submissiveness as wives and daughters-in-law, underlining the absolute need for his permission and making it clear that they were ready to respect his right to veto their decision.[74]

Aisha, whose alcoholic husband was referred to above, was the only one who reported to have gone against her husband's will. In our interview, she felt the need to justify this by pointing out his failure to comply with his obligations as husband and father. She had asked his permission once and he had refused, giving the standard arguments that it was "bad work". Aisha realised he would never agree and proceeded on her own, to which the clinic had no objections:

I had clearly told my agent that these are the problems of my house, so she understood and spoke to the clinic about it too. She doubled up as my sister and she did the signature.

Aisha's husband did find out about her surrogacy pregnancy after delivery, and reacted with violent rage against which Aisha had to seek police protection, fearing for her life. Though the husband was abusive on a regular basis, this especially strong reaction suggests that he found Aisha's act outrageously unjustified. Aisha, too, acknowledged this was out of line for a good wife, but felt her transgression was justified in light of her "desperation".

I thought that even if I lie to my husband, it is ok. At least I will get money to provide for my kids and feed them.

Breaching one set of feminine values, i.e. obedience in marriage, was necessary in order to comply with an apparently superior feminine obligation, namely to nourish one's children. Parenthood, more specifically good motherhood, encompassed both lies and disobedience.

[73] In the surrogates' stories mothers-in-law were regularly mentioned, whereas fathers-in-law hardly figured at all. Mostly they seemed to be kept out of the matter, a fact I left largely unexplored.

[74] This not only reflects the general restrictions on the women's individual autonomy, implying that they were obliged to ask their husbands' permission for almost any move outside the daily trivialities; for surrogacy they also needed husbands legally, as the clinic would require his signature and in the case of foreign IPs, his cooperation was crucial for the transferring of legal parenthood.

In summary, rather than "choice", feminine powerlessness ("desperation") and submissiveness were the core elements in the surrogate's accounts in their decision to engage in surrogacy. This way, they sought to adjust surrogate motherhood to be in line with traditional femininity, distinguishing it from "bad work", i.e. prostitution, and in effect from the neoliberal individual pursuit of self-interest.

"Conceived through Medicines": A Morally Different Pregnancy

Initially, I did not like it, but then I thought of doing it for my kids. I thought that it was impossible to conceive without having physical relations (giggles). But then when I was explained how it was done medically, that is when I understood. (Bushra)

Discussing the causes of the highly stigmatised character of surrogate motherhood in India, Pande (2009b) emphasises the parallel often made to sex work as a central reason why surrogacy is largely regarded to be "dirty" work. A possible link to sexuality was indeed the primary concern for the women I talked to as well. As with Bushra above, nearly everyone stated this as their initial concern: would the conception of the baby involve sex? Consequently, recruitment agents relied on providing concepts and interpretations of surrogacy which separated surrogate motherhood from sexuality, and distinguished it from "bad work", i.e. prostitution. To a population generally unaware of the existence of IVF and other ART, such expressions as "made through medicines", "done medically" and "medical baby" were used by agents to help their recruits to make sense of the procedure. "Medical conception" was understood to imply a clear distinction between surrogacy and ordinary procreation, not only because it eliminated the need for sexual contact, but also because it conceptually distinguished the surrogate pregnancy and baby from ordinary pregnancies and the surrogates' "own" children. Saroj explained how she changed her mind when she realised how the conception actually happened.

I spent two months thinking about doing surrogacy. At first I thought, "No way will I give my baby away." But then I had it all explained by the doctor: that it would be transferred into me medically, it would not be my baby. And after nine months I would give it to the parents. (Saroj)

The impact the notion of a "medical baby" had on the surrogate's perception of her own relation to the foetus during pregnancy will be explored in Chapter 5. The point I argue here is that most of the women were convinced during the recruitment process that surrogacy was

ontologically different from "giving away a baby", and that the notion of "medical conception" was crucial to such a distinction.

Furthermore, the label "medical" and the fact that surrogacy was practiced by doctors, seemed to have a moralising effect beyond distinguishing it from prostitution. Very often, the surrogates would hold surrogacy in opposition to "tradition", like-28-year-old Beena, in our interview:

At first, I got scared and thought to myself, how this was possible? (...) In India, we still follow traditions and customs, and something of this sort was never spoken aloud. So I was scared of what the people would say when they get to know of it. (Beena)

Opposing *tradition*, surrogacy came to represent a possibly immoral modernity, implying a threat to (gendered) norms. By highlighting its *medical* nature, surrogacy was linked to a brand of modernity that was predominantly perceived as positive and respectable. This was underpinned by the moral authority of doctors. It was not uncommon for doctors to engage with family members directly to persuade them in favour of surrogacy as in the case of 27-year-old Preeti, a deeply religious Hindu. Preeti had donated eggs several times when "Sir", the fertility doctor, convinced her to sign up for surrogacy to earn more money. Like many of the women, she had to make an effort to convince her husband and succeeded only when bringing him into the medical sphere, letting the doctor himself explain why surrogacy was not wrong:

I thought I could do it, and told my husband, who thought I did not talk any sense. So I took him to that Sir, who showed him all the medicines, and how surrogacy is done. Sir also told my husband that there are many people who come as IPs as well as surrogates. If this were wrong or shameful, then not many people would do it. And even if you have a DNA test, it will show that the baby is of the IPs.

A moral alliance with doctors and biomedicine thus assisted the surrogates' ethical work with traditional values. However, as we shall see in following chapters, it simultaneously implied consent to an understanding of surrogate motherhood that legitimised a severe restriction on the surrogates' bodily integrity during pregnancy and a marginalisation of their procreative contribution. Thus, the medical sphere came to occupy an ambiguous role, both validating and marginalising the surrogate's own understandings of surrogate motherhood.

"For my Children only": Motivation and Morality

When I was traveling by train one day, I was sharing my problems with a lady who turned out to be an agent. She told me that she would tell me about such a work, which will be beneficial for both you and the other person involved. (…) She told me that you will have to give birth to the client's baby, and then after delivery you have to give the baby to them. It is done by injections and medicines, and you will be paid two lakhs[75]*. And all expenses are taken care of by the doctor. (Aisha)*

Judging from the surrogates' accounts, in the initial recruitment phase, surrogacy was firmly placed in the economic sphere and portrayed as "work" by the agents, as opposed to a vocation or an act of altruism. At most, Indian agents were reported to have pointed out the mutual benefit of the arrangement, or to underline the special value of the service provided ("give someone a baby"). This is in stark contrast with recruitment strategies in the US as described by e.g. Ragoné (1994), in which the emotional reward and the value of gift-giving is emphasised and financial gain downplayed.

In line with this, in talking about their trajectories into surrogacy the women quite consistently referred to surrogacy as "work" and the money involved as their motivation. As has been pointed out (Ragoné, 1994; Teman, 2010), discourses of surrogates' motives are heavily laden with morality and shaped by the cultural and social context in which the account is meant to be legitimised. Scholarly work on surrogates in the West has described a relatively wide range of motives for engaging in surrogacy: empathy with those who are involuntarily childless, pleasure in being pregnant, a wish to do "something special" that will enhance their self-esteem, a wish for work that can be combined with homemaking, in addition to an economic motive (Pande; Ragoné, 1994; Teman, 2008, 2010; Van den Akker, 2003). Western surrogates tend to downplay monetary motives in favour of altruism and gift rhetoric (Ragoné, 1994), although both aspects may be present (Berend, 2012, 2016). This contrasts what has been described in studies from India (Pande, 2009b; Saravanan, 2013) where the monetary motive is strongly emphasised by the surrogates. My findings reflect the same. Altruistic motivations, as in a wish to help childless people, were rarely highlighted as a motivating force. Notions of surrogacy as a good deed did play some part in the ethical work. Some of the women did point out the joy of causing happiness and the possible divine blessing involved in helping a fellow human being as a sort of bonus, but not a prime

[75] INR 200 000, approximately EUR 2 800.

motivator. Unlike Pande (2011) and Vora (2013) in Gujarat, I did not find highlighting religious motives to be very prevalent among the surrogates in Mumbai, neither among Hindus nor Muslims.

Ragoné's American surrogates felt the need to emphasise altruism and downplay their economic motives, to express their motivation in a form more compatible with American cultural values of motherhood, reproduction and family (Ragoné, 1994). Van den Akker (2003), who has studied British surrogates, also points out how the seeking of financial benefit is seen as a more morally objectionable motive behind altruism as it "commodifies" the baby. I argue that whereas Western surrogates' motives might be somehow over-problematised[76], the opposite seems to be the case with their Indian counterparts. The discourse of Indian surrogates' motives, as I observed among the Indian participants, including the surrogates themselves, tend to eliminate the possibility of other motives than economic ones ("Let's be honest, they all do it for the money").

Again, I do not question the reality and precariousness of financial concerns for surrogates. I do, however, find it interesting that the notion of "in it for the money only" seemed so crucial for all the stakeholders, and permeated the processes to such an extent. I, too, was for some time grappling with the striking difference between Indian and Western surrogates in this respect. Why was economic motivation morally dubious in one context, and apparently the only thinkable and acceptable one in the other?

Parry (1989) argues that the cultural and, thus, moral meaning of money differs between societies. A different evaluation of money between India and aforementioned Western societies could thus possibly explain the different evaluation of monetary motives. However, exploring the surrogate's endeavour to transform surrogacy into "good work", it became evident that money as a motivation was far from unproblematic. Rather, the surrogates took

[76] In an article discussing psychosocial scholarship on surrogate motherhood, Teman (2008) provides an example of over-problematising along slightly different lines. Teman demonstrates how choosing to be a surrogate challenges Western notions of motherhood to such an extent that psychopathology is suggested as an explanation for why women choose it, despite the fact that studies find no evidence that surrogates' mental health differs from the general population.

great care addressing the moral perils of exchanging something of ethical value (motherhood, reproductive body, a child) for money.

I have already argued that the moral value of monetary motivation was negotiated through the distinction between desiring money and needing it ("desperation"). In the following, I will explore how notions of an ethical motivation, especially in the form of maternal sacrifice, contributed to transforming surrogacy into "good work", i.e. a morally acceptable form of exchange and the act of surrogate motherhood into a morally good one.

Motherhood and Sacrifice

Parvati, like the other surrogates, claimed to have conducted surrogacy "out of desperation". On several occasions she talked to me about how poverty "forced" her into surrogacy. Once, however, she gave an alternative account of her decision that surprised me:

I had thought I will only do egg donation, and not surrogacy. In our religion and Indian culture, this is not accepted, and people would harbour all wrong and negative thoughts about me. They question your actions, and might think that I slept with another man to get into this work. (...) Madam[77] *told me that there is this lady who is trying very hard for many years to conceive and have a baby, but has been unsuccessful. She said that since I could become a mother, naturally, I will not understand how it feels to struggle to conceive. But this woman, she feels helpless when she looks at women around her who are able to have babies. So why don't you come forward and help this lady? Why don't you give her a child who will call her "mummy"? Her joy will know no boundaries. And every time the child will call her "mummy", she will remember you and thank you for all that you did for her. You will be blessed. That emotional talk by Madam touched me, and so my mind changed.*

Hearing this, I reminded Parvati that she had emphatically stated that "desperation" was what made her go into surrogacy. She replied that both had influenced her decision. I asked her to estimate their respective proportions. She explained:

Fifty per cent that she could experience motherhood because of me, and 50 per cent the fact that I could secure my children's future. What gives me more satisfaction is that she became a mom with my help.

I did not follow this up at the time, and only afterwards, taking a closer look at Parvati's account, did I realise that rather than referring to distinct motivations, i.e. "altruistic" vs. monetary motivations, she was in fact talking about *two different ethical projects*: that of making someone a mother and that of "securing her children's future". The former project

[77] The doctor at the fertility clinic.

was what gave Parvati most satisfaction, she claimed. The ethical project of helping the IPs played a minor role in most other surrogates' accounts when describing their motivation. I believe Parvati's quite extraordinary account of her motives was related to the somewhat differing relationship she developed with the Intended Mother, a relation so intimate it resembled the "dyadic body project" described by Teman (2009).[78] In retrospect, the relationship she formed with the IM provided a background against which it was meaningful to see the desire to help as a motivation, as opposed to surrogates whose clients were veritable strangers.

The ambition of contributing to one's children, on the other hand, lay at the heart of the matter with practically all the surrogates I met. Saveetha described how articulating her motivation as a wish to improve the children's future had made surrogacy acceptable to her husband:

At first he said no, fearing the society's reactions, but then he agreed when I convinced him that this is for the children, and their future. That was when I did surrogacy.

Saveetha had pointed out that a value superior to respectability was at stake – the parental obligation to take care of one's children in the present and in the future. Similarly, Lata's husband Santosh often told me about how he defended Lata against criticism from his own family: "I say to them, 'She did it for the kids only. How can that be a bad thing?'" Notwithstanding the particularities of the situations and ambitions, the crucial role of children and/or the parental responsibility in the motivational narratives of the women was striking. According to Pande (2010b) fear of being identified as bad mothers, especially by failing to provide the means necessary to marry off their daughters, was part of the motivation for engaging in surrogacy. What I observed was not so much the fear of being a bad mother as the powerful desire to be a good one, i.e. one who is willing to suffer and transcend her own boundaries for her children if necessary. Nearly all the women related the "desperate" need to improve their situation to their responsibility as a parent and/or to a desire to help their children with their social mobility, to have "a better life".

[78] I will discuss more interesting aspects of this relation and, in Chapters 5 and 6, including ways in which it differed from the Israeli cases.

The few who did not claim to do surrogacy for their children, claimed to have done it for other close relatives. Lalitha, for instance, was divorced and stayed with her mother and younger brothers.[79] Her mother, to whom Lalitha said she was "very attached", was deep in financial distress when the agent approached Lalitha. This provided motivation for the daughter.

I told her if it is of help to my mother, if it makes my mom's life more comfortable, then surely I will do it. So I told her I will do it.

Despite describing their motivation as monetary at some level and surrogacy as "work", i.e. a market activity, kinship relations were nonetheless at the core when surrogates constructed commercial surrogacy as "good work". Getting money was not the goal per se, neither was enriching oneself. The money was meant to be channelled into committed relations in which they were a part. Ultimately, what the women highlighted as their motivation for conceiving and giving birth to a baby in this manner were values such as love, kindness, and reciprocity, as opposed to self-interest. By means of the encompassing value of good motherhood – or in some cases being a good daughter or sister – the act of surrogacy was given a place in the realm of kinship, mitigating the moral transgression implied in having a baby for money.

I find the distinction made by Parry and Bloch (1989a) between *short-term* and *long-term* exchange to be illuminating in understanding how this transformation is attempted. Short-term exchange "is the legitimate domain of individual – often acquisitive – activity" while the cycle of long-term exchanges is "concerned with the reproduction of the social and cosmic order". Parry and Bloch's argument is based on a comparison of a number of case studies on the morality of exchange in different societies, including one from India, and finds striking similarities across them with regard to the relationship between short-term and long-term exchange. The short-term cycle, according to Parry and Bloch, is morally superior to the long-term cycle. Or, in simpler terms, an individual's pursuit of money is morally inferior to activities which reproduce long-term social structures beyond the individual's lifespan. Collectivity and temporality, thus, are the key aspects producing the moral hierarchy.

[79] Lalitha's five-year-old child stayed at a school hostel for reasons that remained unclear to me.

However, Parry and Bloch underline, movement between the cycles is usually possible in the sense that activities in the short-term cycle, i.e. individual enrichment, can be made to promote the reproduction of the long-term cycle, i.e. enduring social relations. This way, what is obtained in the short-term, in this case money, changes in terms of moral value. The ethical work of the surrogate, I argue, can be interpreted as an attempt to make such a conversion. As a matter of fact, the temporal and/or enduring qualities of their projects were often explicitly underlined by the women themselves as part of the reason why surrogacy was "good work". By channelling the money earned through surrogacy into the "future", including presumably enduring values such as health and education – they sought to convert it from the short-term exchange cycles of the market into the morally superior long-term cycle where social relations pertain (Parry, 1989). As we shall see in the following chapters, such conversion of the moral meaning of money was a recurrent theme of the ethical work, among both the surrogates and the IPs.

The ethical work concerned not only making moral sense of choosing to be a surrogate, but also finding motivation to overcome "unwillingness" and endure the anticipated hardships. "Money" itself did not usually suffice on its own; rather, what was constructed as the ethical value was replacing the pain, illness, and suffering of others with happiness, health, and comfort. Above we heard Saraswati claim that she had decided to become a surrogate because other work would also involve "hardships and pain" and surrogacy was a better option because it was better paid. However, later in the interview she described how motivating herself for the actual hardships of surrogacy required more work of her than the factory job she used to have. She told us she overcame her own fears by focusing on the faces of her two small children.

S: I was scared of taking injections. But then I told myself, that I am doing it for my kids, so why should I get scared of that pain? When I saw the faces of my kids, I forgot all about that pain. And from then on, I never looked back.

Kristin: Ok, what do you mean by "the faces of your kids"?

S: I thought that if I get more money, I will put some in the bank for their future, I would be able to get things for them, which they like. I could renovate my house a little as the condition is not good. That is what I thought.

In most accounts of "unwillingness", moral considerations are highlighted, whereas concerns such as the surrogate's own health and well-being are downplayed. Throughout my fieldwork I closely observed Lata's ongoing indecision whether or not to do surrogacy again, and this

provided me with a somewhat different picture of the impact of fear and reluctance. In our countless conversations about this, she often referred to the pain and hardships involved and the toll her previous surrogacy pregnancy had taken on her health. My impression was that Lata's fear of such pain and suffering really did have a major negative impact on her motivation, and I find it reasonable to assume this was the case for many of the women.

The fact that self-concern was given so little emphasis in the women's discourses I believe it reflected values associated with feminine morality within which they sought to reconceptualise surrogacy, such as submissiveness and willingness to put others first. In Lata's case, I observed how disregard for herself was a crucial quality of her presentation of self in everyday life. She would often say to me, "My life is what is. I live for my kids now." What she was saying was that her own happiness and prosperity was a lost cause. All her desires and dreams were vested in her children, that their lives would be better than her own.[80] These hopes, she reasoned, were the reason why she went in for surrogacy and donated all those eggs, and why she could endure the pain and discomfort.

In this projection, surrogacy was an act of self-sacrifice, strongly opposed to the neoliberal, utilitarian notion of surrogacy as an individual pursuit of self-interest, performed by an autonomous, strategic actor. Instead, the surrogate highlighted how she had sacrificed her self-interest, i.e. their health and well-being and even respectability. In the scheme of things, the fact that surrogacy is painful (physically and emotionally) made surrogacy a less morally dubious act, as it implied that she was willing to suffer for the sake of others.

Aisha was one of the women who most strongly portrayed surrogacy as a sacrifice. We met her a year and a half after her surrogacy delivery. Aisha's experience had been a very unhappy one for various reasons I will return to in Chapters 5 and 7. In spite of her experience, she repeatedly told us she considered doing surrogacy again. When I asked her why she would risk enduring such pain again, she explained, "What if giving away one [child] can bring happiness to two? If I have to do it, I will do it for my kids." Aisha did not distinguish here between the "medical baby" and her own children – all three were her

[80] Despite Latas's insistence on this resignation, what I observed in her was in fact an exceptional resilience and *joie de vivre,* including a strong desire for and appreciation of pleasure in things such as shopping, eating, entertainment and human interaction.

children. Her motherly sacrifice, thus, was not only the time and the hardships of surrogacy pregnancy and birth, the child too was understood as a gift as it was indeed hers. The gift however would not be directed at the IPs, but indirectly at her other children.

Aisha's account clearly illustrates the point I have argued in this section: although surrogates' initial expectations about the surrogacy arrangement may have been restricted to the monetary reward ("In it for the money"), the value of money was given a secondary role in the surrogates' ethical work, in which they dealt with moral dilemmas of incommensurability. Market relations were not motivating in themselves; the relation to their children was. By converting surrogacy from the short-term cycle of exchange to the long-term cycle, and thus the moral meaning of the money exchanged for a baby, the surrogate transformed surrogacy from "bad work" into "good work" and motivated themselves to carry out what was initially perceived as an utterly undesirable act.

As a consequence, surrogacy was invested with ethical value for the surrogates from the outset, and thus never perceived as a mere pursuit of money. I believe this is an important point in the context of how some interpretations of the moral implications of transnational commercial surrogacy became hegemonic and marginalise certain experiences and understandings. Over the following chapters I will argue that the idea that financial motivation for surrogates was strategically emphasised by the more powerful parties throughout the process. The idea that the surrogates were "in it for the money" was underlined and given significant moral importance in the clinic's dealings with the surrogate, and served to distance the IPs from "exploitation", and in post-contractual negotiations over relations formed and not formed through the surrogacy arrangement. I believe the inclination of clinics and IPs to lock surrogate motivation into such a simplistic model related to the fact that motivation was seen as an indication of what was really exchanged and its moral implications. For example, a surrogate motivated by the wish to help might be morally entitled to reciprocity outside the contract, e.g. a social relationship with the IPs. Thus, emphasising economic motivation and rewards was a way of keeping the arrangement in the market, limiting moral obligations toward the surrogates. Moreover, "in it for the money" created moral distance, constructing the surrogate as a particular kind of gendered subject, one whose life conditions, desires and priorities made her prepared to regard carrying and delivering a child merely as a job devoid of considerable moral investment. Finally, the notion of

exclusive, unproblematised economic motivation entails a distance between the act of surrogacy and the surrogate's ethical self, her body and her social relations, which I argue often conflicted with the surrogates' own experiences and perceptions of what they contributed through surrogate motherhood. I will return to this discrepancy throughout the thesis.

Secrecy and Shame: Dealing with the Stigma

People in our society have a very traditional upbringing, and still have old-world thoughts. For them, such a work is very bad. That is why I have kept it a secret. I don't even have a husband, so they might ask me how I conceived. (Rupa)

In the previous sections, I have discussed how surrogates reinterpreted categories and values and negotiated their relative values in order to construct surrogacy as "good work", i.e. desirable and morally acceptable. Although such ethical work served to motivate the individual surrogate and those involved in the decision, it did not, by and large, change the perceptions of surrogate motherhood in the local environment, echoing findings in other studies (Vora, 2015). The women usually related this to the fact that people in general neither understood nor accepted the notion of a "medical baby", and maintained their conviction that surrogacy involved sex and hence was a form of prostitution.[81]

In fact, most of the women ultimately saw secrecy as the most viable strategy for facing their communities. Jamila, for example, was terrified of being identified as a surrogate, as she felt it would ruin her reputation.[82] Jamila had no hope of her surrogacy being accepted as "good

[81] Bharadwaj (2012) argues that is it not sex that links surrogacy to prostitution in Indian culture, rather he suggests that the delegitimising causes of both surrogacy and prostitution relate to being a supplement, "the Other Woman". I find the Bharadwaj's argument intriguing as a way of addressing the deeper cultural roots of the stigma; however, I did not have the opportunity to explore this issue in my own material.

[82] I observed this fear myself in what was for me a very disturbing field situation. I interviewed Jamila in my own Mumbai flat, in the company of her husband, her friend Fatima and Fatima's husband, Faroukh. After sharing her thoughts freely with us for 25 minutes, Jamila abruptly and unexpectedly stopped cooperating, claiming she was out of time. After they had all left, Faroukh came back explaining what had happened: Jamila had noticed that I had left the ceiling fan off (which I did out of concern for the recording). From this she got a sudden hunch that I had hidden a camera in the fan filming her. Jamila thus decided she had to get out before getting herself into deeper trouble by confronting me. Fortunately, with the help of Fatima and Faroukh, Nausheen and I managed to regain Jamila's trust. We resumed the interview some days later, and we also met Jamila again after that.

work" and therefore felt compelled to solve the dilemma by keeping others completely in the dark instead.

J: Because people in our community say that this it is against our religion. It's not accepted in Islam. But we are desperate and that is why we do it. I have a sister whom I need to marry off. I'm tensed about that and also the education of my kids. My house is a rented one, and every month I need to pay 5000 rupees[83] *towards rent. People look down upon surrogacy, and they won't like it. Since Islam prohibits it, they wouldn't even accept me if they realise I have done it.(…) They don't understand how a baby can be conceived without having any physical relations with a man. They feel conceiving through medicines is impossible. Even if we try to explain, they refuse to accept it.*

Jamila's strategy of secrecy was employed by all the surrogates including the Hindus, suggesting that Islamic morality was by no means exceptional in this respect. Wherever surrogacy could not be accepted as "good work", ensuring that people *did not know* took over as a tool for resolving moral dilemmas. Everyone kept someone in ignorance; a few in fact told no one at all expect their husbands. Elaborate cover stories explaining either a visible pregnancy or a long absence from home were concocted and presented to children, parents, other relatives, friends and neighbours. Keeping surrogacy a secret in the context of women's life, in which privacy was a rare quality, was not simply a matter of "not telling". Rather, it required a very active and conscious effort.[84]

Those who failed to keep their secret usually suffered social loss as a consequence, as Lata did. When Lata and Santosh made the decision for Lata to enrol as a surrogate, they planned to keep it from the joint family, i.e. Santosh's parents and brothers' families (wife and children), who all lived in the very same lane in the slum colony. However, Lata confided in a fellow *bahu* (one of her sisters-in-law, the wife of Santosh's younger brother) who was also her close friend. This sister-in-law betrayed Lata and told her husband, who in turn told the rest of the family. They were shocked and infuriated, but none more so than Lata's mother-in-law.

[83] Approximately EUR 70.

[84] This illustrates High, Kelly, and Mair (2012b) contention that ignorance, rather than a void or a mere absence of knowledge exchange, must be understood as a productive and meaningful social practice. A more comprehensive account of the social practice of ignorance among surrogates in India would be an interesting project for further research.

My mother-in-law told me that I was a dirty woman, and many such things were said to me. Some of them I cannot even mention now.[85] *Later my father-in-law came up to me and said, "Why did you have to tell anyone? If you wanted to do surrogacy, you should have done it quietly and kept it a secret throughout." Then I felt calm thinking that at least my father-in-law is supporting me in this.*

The conflict lasted for almost three years, during which Lata's mother-in-law would not even acknowledge her existence. The harshness of this punishment may be hard to grasp for anyone who has not experienced the influence of a *sas* (mother-in-law) in the lives of many married women in India, nor how intertwined the existences are among joint families in a slum colony lane. Although her kind and gentle father-in-law continued to visit Lata and show concern for her children, her position in the joint family was severely weakened, which also affected her children. Santosh's attempts at reconciliation kept failing, "I have told her a million times, 'Maa, it is not shameful, it is done through medicines.' But she does not believe me." Lata's mother-in-law simply refused to believe in the existence of a "medical baby", and in her view Lata's actions were utterly wrong, whether she had slept with another man or given away a child of her husband.

Stigma and secrecy constitute another dimension of distance involving commercial surrogacy, that between the surrogates and their ordinary communities. Adding to the vulnerable position of the surrogates, this obviously hinders unity and obstructs the formation of a collective agency for politics and a productive identity formation.

Conclusion

In this chapter I have discussed the trajectories leading the surrogates into surrogate arrangements. Although perceived as an opportunity to escape precarious conditions, active ethical work addressing perceived moral conflicts was required to motivate the decision. Surrogacy pregnancy was conceptualised as "medical" to distinguish it from "bad work" and hence disconnected from sexuality and ordinary procreation on the one side, and linked to the respectable field of modern medicine on the other. Thus, a different category of pregnancy

[85] By this, Lata meant to say that the words uttered by her mother-in-law were so crude and offensive that she would be embarrassed to repeat them. On several occasions she told me about this, and about how even the children in the family had been told to stay away from Lata, because she was "dirty".

was constructed which more legitimately could be moved into the market. However, rather than the values of the market such as self-interest, autonomy and choice, patriarchal values of femininity and effects of womanhood were appealed to in order to address possible transgression of moral boundaries. Surrogacy was ultimately an act of kinship obligation and maternal sacrifice, rather than the pursuit of economic reward. The perceived moral dilemmas, thus, were dealt with through attempts to encompass them within a feminine meta-value motherly self-sacrifice.

Hence, although the surrogates were indeed motivated by the prospect of escaping social and economic marginalisation, understanding their decision to engage in surrogacy merely as a pursuit of money through all available and acceptable means, overlooks both the complexity of their motivation and the significant ambivalence in which it was embedded. Resting our understanding at pointing out the impact of power relations, i.e. "exploitation", obscures the active work the women invested in the decision. Far from being deceived into agreeing to act as surrogates by a "false consciousness" of sorts, I have shown that the women's decisions involved thorough, conscious ethical work. Besides capturing how motivation and meaning were formed with reference to the complex moral reality in which the decision was embedded, I argue that such an analysis sheds new light on the interplay between local relations of inequality with neoliberal global capitalism, in ways in opposition to the neoliberal image of the surrogate as a self-interest pursuing autonomous market actor.

Ethical work notwithstanding, however, commercial surrogacy remained marginalised and largely unacceptable in the surrogates' communities. Thus, in terms of differing world views, the surrogates assumed a somewhat liminal position, in-between traditional Indian patriarchy and the neoliberal, universalising image of an autonomous neoliberal subject that disregards the unequal social reality of global reproductive markets. I will further explore the vulnerability implicit in this double bind in Chapter 5.

In these two first chapters, exploring the parties' respective trajectories into commercial surrogacy, I have shown that although the points of departure behind the trajectories and, at first sight, the motivations differed in many ways, similarities existed between the IPs and the surrogates. For both parties, entering commercial surrogacy was somehow a response to marginalisation and for both it was motivated through active ethical work, integrating their

experiences of "desperation" and the imperative value of realising (good) parenthood. Thus, a shared meta-value of sorts was the relentless pursuit of values related to the parent-child relationship; desiring a child, having a child, loving and taking care of a child.

Yet, as we shall see in what follows, despite this symbolic togetherness «out of desperation», other conditions shaping the organisation of transnational commercial surrogacy ensured a relation where multidimensional distance was produced and managed. I will now go on to explore how distance played a role in shaping relations in the ensuing phase of the arrangement, when a child was produced (conception, pregnancy and delivery) on the basis of contracts and regimes regulating the relations established for this purpose.

Hotel Renaissance a five star hotel chosen by many international IPs. The hotel located by Lake Powai in a North Western Mumbai suburb,

The suburb of Powai seen from the hotel.

Chapter 4: “We Don’t Exploit Anyone!” Dealing with Moral Discomfort

Prologue: “Can we really do this and defend it?”

I meet Emma and Sebastian at a five-star hotel in Mumbai. They are confused, tired and in distress. They talk, sometimes simultaneously, almost without interruption for 2.5 hours.

They came to Mumbai a week previously to make a long-awaited child. They had done plenty of research beforehand, sent hundreds of emails to the clinic, spoke with other Intended Parents on the forum for surrogate parents and in real life. Here in India they have continued finding out about everything, talked to people, visited surrogate houses, looked at contracts. Hardly anything has been the way they expected. Everything seems “dirtier” both literally and figuratively. They are especially concerned with the surrogate facilities provided by the clinic. Are they sanitary enough? Comfortable enough? Do the surrogates really have a choice whether or not to stay away from their own children during pregnancy? Are the surrogates well taken care of? Emma and Sebastian are not entirely convinced.

“Sometimes I feel like in proceeding with this we had been someone completely different,” says Sebastian, his voice bearing a slight tremble. When I ask him to elaborate, he explains that they would have to be people who do not think critically, who do not have a “social conscience”. And then he refers to another Scandinavian woman they have met here in Mumbai who did not understand why they were so worried. Emma mimics her, lightly farcical, “What do you mean? Everything’s just different here, but it works well in its own way? Children might be born on the streets, but they survive, don’t they? Then it can’t be so bad?” To just go ahead, Emma and Sebastian feel they would have to be someone like her, which they are not.

They are people who ask questions, who inform themselves. Unfortunately they can’t pose their questions to the surrogates. Instead they rely on the clinic staff, especially the charismatic and eloquent managing doctor. The doctor always provides an explanation to the Scandinavian couple's objections. For example, the women live under poor conditions

because they choose it themselves. They get money from the clinic for subsistence, but instead of spending it on food and comfortable living, they choose to save the money for later or give it to their families. Giving surrogates more money to increase the standard would not help, because they would still live and eat as cheaply as possible. Or, "The women could choose to stay at home, but due to frequent checks-ups at the clinic it is most convenient that they stay close anyway. And frequent monitoring is required. For example, one must ensure that they actually take their medication, instead of selling it." The clinic says it cannot and does not wish to lock the surrogates up, but they need to eliminate such risks as much as possible. Sebastian expresses sympathy with this dilemma:

"It feels like they're trying, but it still ... That it's like that ... like there are these gaps in India which... which make the surrogates risk both the child's health and that of their own with their behaviour… These enormous gaps make them choose not to use the money on what it is meant for."

Emma adds:

"You want to do good, so they are treated well. But sometimes it feels as if it is impossible. It feels as if it is not possible to do this in a good way in India. Therein lies a lot of our ambivalence, can we really do this and be accountable for it? Can we defend it?"

Introduction

As suggested in Chapter 2, India provided a sort of reproductive exile for the IPs. Arriving in India, the availability of ART, i.e. donor eggs, surrogates and IVF technology no longer depended on the IPs' social "worthiness", nor was it out of financial reach. Thus, IPs were transformed into wealthy consumers in a liberal market, providing them with freedom and power to pursue their desire to have a child. This chapter contributes to the debate on power relations of transnational commercial surrogacy in India, an account of how commissioning parents experience and handle their position of power in relation to the surrogate. With this, I wish to move beyond "exploitation", i.e. grasp the complexities and nuances of the playing out of power relations in this field. Simultaneously, I will argue against what seems to be a somewhat unarticulated assumption in much of the public debate, that commissioning parents pursue their interests through unequal markets without regard for possible ethical problems and dilemmas.

Exploring the IPs' experiences, I will argue that entering into surrogacy in India to a large extent was characterised by the sort of moral disruption discussed in the Introduction, creating the sense of vulnerability, ambivalence and even anxiety described in the prologue to this chapter. The IPs were ambivalent about the freedom and power provided to them by the Indian reproductive market, and about realising their desire for a child through a market relation. The neoliberal "win-win" notion, very much characterised by utilitarian ethics, although often referred to by the IPs, did not fully resolve the ethical dilemmas, as will become clear.

In what follows, I will explore how IPs dealt with their moral discomfort, focusing especially on the IP-surrogate connection and the measures taken to distinguish their own surrogacy arrangement from an illegitimate one, usually expressed as "exploitation". I will argue that the IPs largely responded to the moral discomfort with an epistemological project, i.e. producing knowledge about commercial surrogacy in India as a way of addressing the ethics of the relation in the absence of interaction with the surrogate personally.

I analyse this as ethical work aimed at restoring moral comfort, i.e. a position where there was consistency between the motives, actions and experiences, and moral subjectivity ("who we are"). In doing this, I am inspired by Lambek's (2010c) understanding of the ethical as "intrinsic to action", not external to it. This means that I aim to approach the ethical work without making a sharp distinction between acting and making sense of the act; rather, I want to explore how observing moral values is integrated into motivation, neither temporarily nor cognitively separated from it, in the sense of an "after-the–fact" legitimation.

"You don't know the person who carries your child"

Those who say that surrogacy is an easy way to have a child… they must have a serious lack of empathy. Because it is not… It is the hardest way to have a child. It's very tough, knowing that your child is on the other side of the globe, and you are not there near it. And that you are not sure… You don't really know the person who carries your child. (Paul)

I will start my argument with a closer look at the configuration I call intimate distance. As Paul described, during the surrogacy pregnancy IPs and surrogates did not meet and were

usually de facto strangers to one another. Yet the fact that a foetus – a prospective child made of the IPs' genetic material – was growing inside the body of the surrogate implied that something extremely intimate was shared.

In other contexts such intimate sharing is addressed, dealt with and enacted through forming an intimate relation. From Israel, Teman (2009) describes a relation of physical, emotional and epistemological closeness between the surrogate and the Intended Mother. The two work not only as two individuals, but also as two bodies, toward a common goal: to create unambiguous motherhood. Surrogates work to distance themselves from the pregnancy, Intended Mothers, on the other hand, seek to tie in everything the surrogates detach from to their own bodies. Their reversed projects are what Teman call "dyadic body projects". This is a demanding cooperation requiring frequent contact. Teman describes how surrogates are often in daily contact with the Intended Mother in order to mediate the bodily experience of pregnancy to the Intended Mother and "transfer" pregnancy experiences such as nausea, cramps, or to report on the foetus movement etc.

In the surrogacy cases of this study, contrastingly, *bodies* were largely marginalised as media of the IP-surrogate relation, in more sense than one. The parties were physically distant and unknown to each other. The clinics controlled all information exchange, mostly restricting the mediation between the pregnant body and the IPs to medical reports and ultrasound images, rendering largely unmediated not only surrogate subjectivity, but also bodily experiences of pregnancy such as nausea and pain. As mentioned, the parties usually did not interact at all in this phase, and never outside the supervision of the clinic. Distance prevailed, yet most IPs felt bound to the surrogate nonetheless because she was carrying what the IPs definitively saw as their child, and because her suffering would mean the IPs were accomplices in exploiting her in order to bring that child into the world.

"Exploitation" and Dimensions of Distance

Matters concerning the surrogate were seen as the primary moral perils of commercial surrogacy in India. This was because the surrogate was perceived as the most vulnerable part, and thus the main potential victim of "exploitation". "Exploitation", as the IPs used it, referred to a range of "immoral" conditions, relations and qualities that would conflict with

the view of surrogacy as a legitimate, non-harmful exchange between rational, competent, autonomous actors in the market. Three dimensions of distance seemed to create moral anxiety to a particular degree, as they could be related to the risk of "exploitation".

Firstly, distance had a dimension of *not knowing*, cutting across the relation and thus affecting all sides of it. *Not knowing* was essential to the relational configuration and was produced or reinforced through several other dimensions of distance: the physical distance, the language barrier and the contractual nature of the relation to mention a few. In my analysis, I distinguish between two interrelated, yet different, forms of such distance: *unfamiliarity* denotes not knowing in the sense of being strangers to each other, caused by physical distance and absence of contact. *Ignorance* refers to the epistemological quality of not knowing about conditions decisive for the ethics of the relation. Managing ignorance by knowing about and understanding commercial surrogacy was an overarching, outspoken ethical project.

The second dimension explored is a perceived *moral distance* between the different elements of the configuration of intimate distance. In some sense, a baby was "shared" within a "business" relationship, a juxtaposition threatening boundaries between moral orders, i.e. the sort of distinction Lambek (2008) discusses as incommensurability and Parry and Bloch (Parry & Bloch, 1989a) as separate cycles of exchange. What was referred to as "exploitation", as we shall see, was in some cases related to the possible crossing of such moral boundaries.

Finally, I will explore how interrelated forms of distance in the *sociocultural dimension*, such as social inequality and cultural difference, were understood and handled with reference to "exploitation".

Knowing and Ignoring

We have spent a lot of resources on informing ourselves. And from what we have learned, both of us honestly feel that what we have done [in India], it is both legal and justifiable. And we sincerely feel that we can defend it. We feel ever more comfortable about that – the more we have proceeded with the process, and after coming home. And when speaking to all the people we have met who have been in a corresponding process. (Susanne)

Susanne's description quite neatly sums up how the IPs' ethical work directed at the relation of intimate distance to a large extent was an epistemological project ("informing oneself"). This project was aimed at producing knowledge about surrogate conditions and experiences in order to avoid engaging in "exploitation", but also ways of interpreting practices and relations that corresponded with the IPs' moral subjectivities.

Overcoming *ignorance* was thus an ethical imperative, while bridging *unfamiliarity* was not. The distinction between these two forms of not knowing sheds light on a seemingly paradoxical ethical project that I will describe in this chapter: painstakingly trying to assess aspects of the surrogate's subjectivity while, at the same time, accepting and often preferring not to know her *as a person.* Only ignorance was unequivocally immoral; unfamiliarity was ambiguous. In fact, the ethical work of minimising ignorance was a measure through which unfamiliarity could be made morally neutral or even desirable.

"Informing oneself" as a project of knowledge production carried the promise of *eliminating ignorance*. However, akin to High, Kelly and Mair's understanding of ignorance as a meaningful social practice (2012a) rather than a mere knowledge gap, Sullivan and Tuana (2007) hold that the production of ignorance is an inherent quality of any epistemological project. Whenever knowledge is produced, ignorance is also produced as a consequence of what is included and not included as relevant and true. Moreover, Sullivan and Tuana, contend that such epistemological processes of producing knowledge and ignorance are always shaped by power relations.

This was, of course, also the case with the IPs here. The epistemological endeavour of overcoming ignorance obviously meant learning about technicalities and practicalities of the surrogacy arrangement. Equally important, however, it aimed to produce credible understandings of how commercial surrogacy could be distinguished from "exploitation", i.e. assessing what was "right" and "good", as well as what was "true". In other words, although "truth" was usually put in the forefront, the epistemological project of knowing "exploitation" from "non-exploitation", as we shall see, was weighed against other values, in particular the one of having a child. Along with knowledge production, thus, went the production of ignorance about things that could cause moral discomfort. Although ignorance was sometimes a deliberate strategy, my point is that it mostly was not. Conversely, I will show, such

ignorance was enabled by a privileged epistemological position in which the IPs, mostly without being aware of their privilege, assumed the right to produce "truths" about surrogacy which served to restore moral comfort. In reference to Gramsci, I understand this privilege as a quality of unequal relations (Crehan, 2002) produced by the global power relations in which surrogacy was embedded, largely legitimised by and thus unproblematised by the IPs. I will, however, also demonstrate that the organisation of the Indian surrogacy arrangement, and the ways distance was managed, contributed to a production of ignorance that largely assisted the IPs' ethical work.

"It's not as If You Have Inside Intelligence"

Given the state of unfamiliarity, the surrogate and the clinic's crucial role as mediator of the relation many of the IPs saw the clinic, rather than the surrogate, as their de facto counterpart. Finding and deciding to trust a clinic was therefore crucial to avoiding "exploitation" and entailed considerable ethical work. Although a few IPs had moved remarkably fast through the different phases of "researching", selecting a clinic and then initiating the surrogacy process, for most this process took time – in some cases several years. Mark and Sarah, for example, spent years "researching" before they finally felt ignorance was sufficiently minimised.

[The clinic] seemed very professional. And the people we talked to who had used them were so happy with them. We talked to people who had used other clinics in Mumbai, and even in Delhi who also had had a good experience. But it was Clinic A that in a way stood out as our best option. We needed to be sure that they would take good care of the surrogate mother. That they would get accurate medical supervision. And above all that [the surrogates] are willing to do it. As far as we know, that is. What really happens is impossible for us to fully control. But… As far as our research done from home could ensure, the clinic was serious and would take care of all parties throughout the process. Following through on all levels. And I do feel that they have done that, I really do. (Mark)

As indicated in this quote, the clinic was essential for the ethics of the relation of intimate distance, as a medium of the relation and as responsible for practices distinguishing ethically acceptable surrogacy from exploitation. Apart from ensuring recruitment procedures safeguarding the surrogates autonomy and willingness, the clinic provided "good care", ensuring the surrogates' well-being, as well as optimal conditions for the foetus.

I will return to the meaning and content of "good care" in more detail below. For now my interest is in the challenging epistemological task of making sure that the clinic was "non-exploitive". Some IPs felt researching from home was insufficient in this regard. A health worker himself, Paul estimated that he visited the clinic "nine to 12 times" before he felt comfortable enough to proceed with his surrogacy process.

You know, there are a lot of ethical issues that you have to… that you must go through. And you have to make sure… To every possible extent that is, because it's not as if you have inside intelligence. But you have to search and you have to look… You must look at the doctors, their education and qualifications and what not. And the thing that we health workers refer to as "gut feeling", intuition, what is the sensation you get? And even if one could not meet [one's surrogate]… because the surrogate mother is not recruited in advance… I saw other surrogate mothers. And I saw that they were not – how do I put this – sad women who… One did not get an impression that women were being forced or anything.

Most IPs did not see a need to engage with the surrogates directly to ensure they were well taken care of, although some couples asked to meet their surrogate before signing the contract on this background. Skype conferences, facilitated at the request of the IPs by Clinic A, could work the same way. Mark never got around to make use of this opportunity, and told me he felt a little guilty about not showing "enough" interest in the surrogate. He nonetheless appreciated the availability of direct contact as evidence of the clinic's non-exploitative practice.

That is one more thing that makes us feel comfortable about how they take care of her. I mean, if the agency doesn't want us to talk to each other, I ask myself, Why not? Is that because they don't want us to ask uncomfortable questions or because they don't want the surrogate to disclose that she is not treated well enough? So that is another reason we chose Clinic A. The fact that they wanted us to be in touch, if possible.

In effect, however, the clinic facilitating the interaction might also imply that they controlled it. Nina, who otherwise reported to have benefited greatly from Skype interaction with "her" surrogate, felt the role of the clinic impeded sincere conversation, contributing to ignorance rather than knowledge.

[There are questions] that I would love to be able to discuss with her, but only her and me. Like not having... sometimes I have the impression that they tell her what to say, or like... I'm not sure if she's comfortable really saying what she feels or not, like... or if they're translating the right thing, or if she's been told what to say... I don't know. They are my questions. They are my questions, and I don't know if I'm right, what I think about is – like - is right or not? I just want, I think in a way to make sure she's okay, more than anything else.

Again we see that *not knowing* was an epistemological status produced by dimensions of distance beyond *unknowing*, i.e. being strangers to each other. Even when in direct contact the surrogate's subjectivity was inaccessible through interaction because of language barriers, but also due to sociocultural differences. The surrogate could in effect not be consulted. Thus, as both Mark ("What really happens is impossible for us to fully control") and Paul ("And you have to make sure, to every possible extent that is, because it's not as if you have inside intelligence") pointed out, a certain degree of ignorance remained an intrinsic and inevitable quality of their relation to the clinic, and indirectly, to the surrogate.[86]

As the IPs were increasingly entangled with the clinic, at some point active knowledge production was given lower priority, in favour of cultivating trust and a good relation with the clinic. Some IPs described it as a "leap of faith". Christopher and Benjamin explained that they had at some point "chosen to trust" the clinic.

Christopher: If we had asked about [unethical practices] they would say that everything was ok. We would have no way of double-checking the information. To ask a surrogate we would need to hire a translator. And it's a little touchy. Digging for answers like that could offend them. We just have to assume that they act according to ethics and morality. Then again, there is so much corruption and poverty complicating things in India. It's so easy to be engaged with ethics in [home country].

Benjamin: To start asking questions when you have already initiated the process could get uncomfortable.

C: I guess you declare your trust the moment you sign the contract. Mentally maybe when you get the mail saying "congratulations".

B: No, it is at enrolment.

C: Yeah, that's true.

B: We searched like crazy on the Internet to find anything negative about Clinic A. We found nothing.

[86] As will become evident in the next chapter, IPs perceptions of the clinics' practices did indeed differ from the surrogates' own accounts. This was partly due to active production of ignorance on the part of the clinics, which seemed to systematically provide partial, unclear and even misleading information. This discrepancy was most often not recognised by the IPs, but I also observed a few cases in which it was, usually because the IPs got information from other sources than the clinic. John and George, for example, discovered that they had been misinformed about Fatima's well-being. The clinic doctor had told them that Fatima's weight loss was due to morning sickness. When they asked Fatima about this directly after delivery, she revealed that had lost her appetite because she was mourning the death of her sister and was depressed by not having been allowed to leave the clinic to attend the funeral.

C: And they are easy to trust, very transparent. We always asked how Poonam[87] was, and they always responded.

At some point the "leap of faith" was irreversible, whether that point was when the contract was signed or when it was confirmed that a genetically related child had been conceived, meaning an even more precious value than one's moral subjectivity was at stake. After this point asking questions could get "uncomfortable", and knowledge production hence had to be contained or at least managed in ways that did not put the relation with the clinic, and subsequently one's child, at stake. This illustrates how ignorance was sometimes actively chosen as a way of pursuing other goals, in this case good relations with the clinic.

However, this also highlights that although the IPs were powerful as consumers, they experienced considerable vulnerability in their relations with the clinic, as their investments went far beyond the money they paid as customers, including their moral subjectivity as well as their potential children or children in the making.

Although most of the IPs like Susanne above would in most contexts insist on their accomplishments in "informing themselves", ambivalence and moral anxiety related to ignorance was rarely eliminated once and for all. Reflecting their concerns, I occasionally experienced that IPs, although generally extremely supportive of my research, were somehow concerned I would come over and share information that suggested they had done something unethical by engaging in commercial surrogacy in India. Similarly, Mark and his wife told me that they had contemplated taking a taxi to the address they found on the surrogacy contract just to have a look at the surrogate's home. Eventually they decided against it, partly because they feared finding out she lived in a "shack". Such a discovery would make them "very, very disappointed" and "uncomfortable". Asked why, Mark paused for quite a while before saying:

I am not sure. Perhaps because that would make me feel that I had exploited [the surrogate and her family] in a way. More than I would like to feel. Because the idea crosses one's mind…crosses my mind, that we come from Western Europe and have enough money to pay someone to go through a pregnancy for us. I am not completely comfortable with it in all contexts. I felt it a little the first time we met them, too. That we come from the rich West and… pay someone to do that, it is not an entirely good feeling, not all the time. That is why it was so important to us to use a clinic that we knew… or at least to the extent we could know…

[87] The surrogate contracted by Christopher and Benjamin, whom they consequently referred to by her name. Poonam is a pseudonym given by me.

were professional and did not recruit, let's say, destitute women just to maximise their own profit.

After the point of no return, i.e. when a child was on the way or, as in Mark and Sarah's case, already born, new knowledge that might alter their truths of their non-exploitative relation to their surrogate was handled with caution by IPs, sometimes deliberately avoided. I find it pertinent to point out that this possibility does not imply that the IPs were not sincere about their ethical project of avoiding "exploitation". Rather I show that varieties of deliberate and conscious ignorance sometimes felt necessary and even inevitable.

I will return to the issue of deliberate ignorance towards the end of the chapter, but will now proceed to yet another challenging epistemological task of the ethical work: knowing and evaluating the surrogate's motivations and experiences from a distance.

"Her feelings should be right"

An eligible surrogate in the IPs' view, apart from being healthy and fertile, was someone "not exploited" or perhaps "not exploitable". "Exploited," however, was given a complex range of meanings, ranging from "victim of trafficking" to simply "unhappy", containing practically any quality, condition and relation that could interfere with her individual agency and competence. IPs thus sought to construct an image of the surrogate's subjectivity substantiating the image of her as a legitimate counterpart for the exchange. At heart here was the surrogate's motivation for engaging in the arrangement. The motivation being "right" was essential. What exactly constituted a "right" motivation, however, was a subject of negotiation as we shall see.

Being distant strangers, individual surrogates were consulted for such knowledge production to an extremely limited degree. Although all IPs agreed to the ethical responsibility of ensuring the surrogate was not "exploited", some felt that this responsibility could be fulfilled merely by choosing a "good" clinic. A "good" clinic could be trusted to ensure that the surrogate had the "right" motivation through their recruitment practices. Alexander, for example, claimed he became entirely convinced no "exploitation" took place after visiting his clinic of choice and collecting the information he felt he needed.

It was especially this money issue that has been debated a lot in the media back home. What happens to the money, how much the surrogate gets, how much the donor gets, how is she taken care of, what strata of society does she come from, etc.?. The impression back home was almost that in India, they "pick them up from the streets". But if you go for a walk in the streets of Mumbai, you realise that is not the case. My surrogate, she has been working, she has a ten-year-old son and she is married. That is her starting point. From what I have understood, she has a very pragmatic attitude toward [being a surrogate]. She does it for the money and to give her son an optimal future. I have been told that the money will be transferred to an escrow account that is for her only. And I think that is good. I have also read some more, learning that many of the surrogates attribute dignity to what they do, that they make a conscious choice. It has been said, lately, that this is the very last resort for the surrogate. But that is not true… Not true at all. Compared to all the millions in this city, who have no rights at all… That's not where the surrogates come from. And that meant a lot to me. I found peace of mind.

Based on the clinic reports and things he had read and heard, Alexander produced an understanding of his surrogate distinct from "exploited" in his own view. She was economically and socially secure, though pursuing social mobility ("an optimal future") for her son. In addition, she was not excessively emotionally involved ("pragmatic"). Along with phrases like "conscious choice" and "dignity" the image produced was that of an autonomous subject making rational, strategic (and even meaningful) choices in the market. Alexander did not need to engage with the surrogate personally in order to find moral comfort ("peace of mind") in hiring her; quite the contrary, he repeatedly underlined that requiring the surrogate to relate to him beyond the contract might be unethical.

Other IPs had other ways to attain such moral comfort, involving the surrogate to a greater degree. This excerpt from my interview with Camilla and Christian, in which they described and discussed how they picked a surrogate based on photos and short biographies from the clinic's database, exemplifies a position on the opposite end of the scale of ambivalence and effort invested in assessing surrogate motivation.

Christian: We chose out of gut feeling. Looks played a major role. We registered what sort of contraception they had used, whether they had been a surrogate previously, and not least their relationship status, (widow, separated, married, cohabitating), that sort of thing. I don't quite remember, but we found a sort of formula with our criteria. And then it was her looks to… to see if you could see their souls. And the one in whom we saw the most, she was the one. She had slightly chubby cheeks too. But thin apart from that.

Camilla: (…) When you say "looks", it sounds like something completely different than what you refer to, you know.

Chr: Well, you know what I mean, why don't you translate! (Laughs)

Ca: (laughs) What we looked at was the eyes. It was not "looks", as in "is she fat or thin?" Well, a little chubby wouldn't hurt. But it wasn't about being pretty or beautiful or lovely or ugly, not that kind of "looks". What was really important, at least to me, was that… I could not look at that photo and see that she looked really sad. I had to see that sparkle in their eyes, that she looked happy. There were some that were out of the question. They looked so sad, as if they were about to cry. That just doesn't work. You have to see that this is a person who is happy inside, if not…

Chr: It is impossible to know if they were just very unlucky with the photo, though. But that is all we have to judge on, so then we just have to… judge from that.

Ca: But if someone is going to carry my child, I want it to be someone who is happy; they should not go around carrying some huge sorrow. So to me it has been simple. I have studied the eyes and if the eyes were happy they would be on the list. If there is no expression at all, she has been eliminated. It has been important to me. I have needed to see – as you say – some soul. Needed to see some of their soul. And I feel that everyone we have seen and met have had that sparkle in the eye, and that has been very important to me.

Chr: Let me just add that I have noticed that feeling… I haven't really thought of it quite this way until now… But that contributes to eliminating that feeling that… You know, that we are not talking about human trafficking. I mean, the worst prejudices are disproved. It is not what we are talking about here. The surrogate mother's feelings should be right, that is important to me in a way

K: When you say "feelings should be right", what do you refer to?

Chr: That they don't have a gun to their head.

K: You mean they are not forced?

Chr: Yes.

Ca: And that it should be something they want to do, not just something they have to do. That there should be a desire to do it. And I think they have had that. Not that I believe that they have done it only to help us. I don't think anyone would do that, or at least very few. Just that this too motivates them. I wish to be allowed to believe that. To believe otherwise is very tough.

Chr: But the two surrogate mothers with whom I have talked – through a translator of course – I feel they confirmed… They have been sufficiently relaxed in their responses to make me feel convinced they are ok with it. I have not had any feeling they were forced.

Although this couple put far more effort into the specific task of choosing a surrogate than most IPs[88], some typical concerns are reflected in this conversation. Camilla's choice of the phrase "the woman carrying my child" highlights the intimacy of the relation, giving it moral importance beyond "business". Moreover, possible "exploitation" was in many contexts expected to belong in the realm of the individual surrogate's subjectivity, and in her particular conditions and relations, rather than on a systemic level or in the IPs' own relation to the surrogate. Thus, some surrogates could be "exploited" whereas others were not, and the issue had to be assessed individually.

The insistence that "feelings have to be right" addressed the meaning of surrogate motivation and the conditions under which motivation was produced. "She should not have a gun to her head," Christian jokingly remarked about what he looked for in a surrogate. The right motivation was of course not merely about not being coerced with violence. Apart from being an autonomous decision, it should be motivated by "desire", as opposed to any variety of "force". Camilla projected in surrogate motivation a form of "desire", even happiness; the surrogate carrying her child should not also carry a "huge sorrow". There is a striking contrast to the absence of "desire" and presence of "sorrow" in the surrogates' own accounts of their motivation, as discussed in Chapter 3. "Desperation" as described by the surrogates, of course, did not quite fit with the idea of "right motivation". To hire a woman so desperately poor she did not feel she had a choice could be "exploitation". As already argued, the IPs looked for evidence that surrogates were sufficiently autonomous, rational and motivated by self-interest to be a legitimate actor in a market, which was after all the "venue" for the exchange at the heart of the relation. I will return to the issue of the meaning of surrogate motivation for ethical work after outlining the moral ambivalence created by "making a baby" in the market.

More than Business?

As argued previously, the fact that surrogacy was available to them as consumers in a market provided the IPs with freedom and power and caused ambivalence simultaneously. According

[88] In fact, a majority were involved in the matching procedure to a very limited extent, and among those who were somewhat involved, it was fairly common that the clinic, with the IPs permission, replaced the chosen surrogate with another in order to optimise the chances for a pregnancy.

to the surrogacy contract, the exchange was strictly one of commodities or market values (work for cash). As a moral category, commodity-exchange is typically understood as a transaction between strangers where the exchange transaction enforces no lasting social obligation or personal relationship (Gregory, 1982; Mauss, 1990 [1950]). According to some clinics and IPs, commercial surrogacy was often morally aligned with any market exchange between unrelated autonomous actors, largely stripping the relation of moral meaning. In the neo-liberal "win-win" framing, this is morally unproblematic, needs (for money and reproductive services, respectively) are simply met in the market, and problems are solved that could not easily be solved otherwise. For a majority of the IPs, however, the marketisation enabling the transaction – one of the dimensions of distance constituting the relation – required ethical work beyond pointing out its "win-win" effects.

Moral discomfort, as I see it, partly derived from a perceived incommensurability, in Lambek's (2008) sense of the term, between the priceless value and intimacy of having an "own" child and the impersonal logics and relations of the market. The exchange of bodies, reproductive functions or – worse – babies for money challenges the distinction between ethical value and market value, or in other words, that which can be sold in the market for a price and that which should not. The utilitarian neo-liberal discourse, negating any inherent incommensurability in exchanging pregnancy for money, was referred to by many IPs, though its prevalence varied – both among individuals and over time and space. Carl, for example, rejected that there was an inherent moral problem in paying for a pregnancy, arguing that ever-creeping boundaries of the market were simply the ways of modernity, pointing at commercialisation of health services such as medical operations as an analogy to surrogacy. In our interview, Carl compared the surrogate to the carpenter who built his kitchen, claiming that there was no essential difference between the transactions or the relations they implied. Carl did not feel any closer to or more responsible for the surrogates than he did for the carpenter, although he cared for the well-being of both. Surrogacy in his view was like any other business, and to problematise surrogacy in India and ignore exploitation of other labour was simply hypocritical (a "double standard"), the two were both property of the same market and should thus be evaluated equally.

In this framing, which seemed to be shared by many of the facilitators of commercial surrogacy, what could cause incommensurability was the inclination to mix the business

relation in with "sentimentality". Commensurability could be secured by placing the transaction and the relation firmly and stably in the market. This framing made unfamiliarity with each other not only legitimate, but desirable, in order to preserve boundaries between classes of values, "keeping it tidy". Not engaging with the surrogate beyond the contractual minimum, thus, was the obvious implication for ethical practice in Carl and his partner Peter's view.[89] This was presumably also in the surrogate's explicit interest. Although he initiated meetings with his second surrogate on a few occasions himself[90], Peter was critical of the Skype sessions arranged by Clinic A. Sharing his partner Carl's view of the transaction, Peter assumed that the surrogates preferred to limit their contribution to "what they were actually paid for".

Alexander, too, held unfamiliarity to be the most ethical practice on these grounds. On my initiative, he and his partner Elias watched the documentary film, "Can We See the Baby Bump, Please?" (Sharma, 2012), which among other things portrays two Skype conversations between Western IPs and their Indian surrogates. Afterwards the couple shared their views with me, and some hours after I left their hotel room, Alexander wrote me a message in which he added some more reflections.

It is clear in those few examples that the parents wish the surrogates all the best, at the same time the dramaturgy of the documentary makes it very evident that they have little influence over the everyday situation of the surrogate. Another dilemma with the Skype contact is that the surrogate possibly has difficulty reciprocating the parents' feelings for the baby, as the baby is not biologically hers. This was one of the reasons we chose a clinic that didn't emphasise close dialogue. We didn't want the surrogate to feel obligated to "show off" and be put in an emotionally uncomfortable situation.

In Alexander and Elias's view, video chats could not help to produce knowledge of, or power over, the surrogate's experience of the process. Rather, it could possibly harm the surrogate as it did not respect the moral limits of her relation both to the IPs and to the baby. Unfamiliarity and minimal contact, in this couple's view, was thus in the interest of all parties.

[89] As I will show in Chapter 7, Carl and his partner later reconsidered this position and adjusted how they related to the surrogate as a result of unexpected events.

[90] Peter also generously invited me along to these meetings.

Quite a few of the IPs, however, produced a more ambiguous understanding of the values exchanged in surrogacy, and subsequently of the moral implications for the relation between the parties. Mark exemplified this. The first time I met him in his Scandinavian town he and his wife were only weeks away from travelling to Mumbai to pick up their child, when they would also be meeting the surrogate for the very first time. Mark looked forward to this meeting, hoping it would ease some discomfort he was experiencing:

Because [meeting her] makes it a little less of a business transaction, makes it more personal. More than just a job she has done for a stranger. I must admit I do feel a little uncomfortable, coming from Western Europe, kind of like a bulldozer, spending several Indian annual salaries on buying ourselves a pregnancy. It can be seen that way. In that respect, it has not been unproblematic – emotionally. We have been thinking about that a lot. And… I am very curious about how the surrogate mothers see it. You might know something about that?[91]

Mark addressed the possible peril of incommensurability by conceptualising surrogacy as "buying oneself a pregnancy". Unsurprisingly, he did not say "buy a baby" or "buy a woman's body". In the view of all IPs what was being bought was *the service of pregnancy*, or sometimes, the surrogate's *time*. Identifying the pregnancy as the commodity was a common way of distinguishing surrogacy from the ultimate form of "exploitation", "human trafficking". However, as Mark expressed, a certain unease remained: was it really ethical to "buy a pregnancy" from a "stranger"? Mark's urge to meet the surrogate to "make it more personal" suggests a desire to bridge the distance between the alienation of the market exchange and the intimacy of creating a child.

Similarly, Matias felt uncomfortable with what was his only "contact" with the surrogate during pregnancy: frequent, but "cold" medical reports, devoid of meaning and "human warmth". Talking to the woman who was in fact the only one in direct contact with his child at the time would make him feel less alienated from the foetus. In addition, he believed he would feel better about his relation to the surrogate.

(…) She is a person who is doing me an enormous favour in this life, isn't she? It's impressive and… in this case, it is a favour they are doing as a family. Because… She has her own family, and for some months she sets them aside… To do me this immense favour, she

[91] The question posed to me by Mark here underlines another point argued in this chapter: the epistemological challenges involved in avoiding exploitation. It also demonstrates that the potential for obtaining relevant information was sometimes part of the IPs motivation to be in contact with me.

uses her body, to do me a favour. That is why I would like a little more contact. Of course I would like that.

In Matias's view, surrogacy was distinct from other market relations not only by virtue of the intimacy involved in the act, but also due to the extent to which it had an impact on the surrogates' other close relations, involving her as a social person not only as a "worker". For most of the IPs, ambivalence about the nature of the transaction and the moral validity of commercialisation of reproduction prevailed and persisted. Buying the "service" of a pregnancy was perceived by most as very different from, for example, employing a carpenter after all. Ethical work thus, aimed at a more complex balancing of unfamiliarity and intimacy, knowing and ignorance.

What the optimal balance was partly depended on a piece of knowledge not readily available: how the surrogate understood her contribution and what motivated her. Mark's wish to include the surrogate's subjectivity in his ethical work was expressed in his request for me to inform him about it in our interview ("I am very curious about how the surrogate mothers see it. You might know something about that?"). Again, accounts of surrogate subjectivity had to be produced indirectly, through other voices than the surrogate's own.

Only for the Money?

As discussed in the previous chapter, "they do it for the money" was often offered as an indisputable basic truth about surrogate motivation by the whole range of actors. As argued, the image of the surrogate as someone who was pursuing economic self-interest was of crucial moral importance, as it implied that she did not pursue a relation to the baby and would not be "exploited" as a result of her separation from it. Nevertheless, the neo-liberal and utilitarian morality of "win-win" did not seem to complete the IPs' ethical work even here. The general ambiguity related to the nature of the exchange and the relation was clearly reflected in ethical work addressing surrogate motivation. More often than not, the IPs would state that although Indian surrogates in general "did it for the money", they had a feeling "their" surrogate was somewhat different, making them "lucky". "Lucky" could refer to the fact that an altruistic motivation was both seen as a coincidence rather than what could be expected. It could also mean that it was unique for this individual surrogate or at least

unusual. Finally, "lucky" suggests that an element of altruism on the part of the surrogate was valued.

In the prologue to the Introduction, I quoted George who, coming from the meeting with Fatima, said to me he felt they had been "lucky" with her. He believed she had not been motivated by the money *alone*, and he was happy to see that their relation might be "about more than just money". John and George were somewhat unusual in the sense that they explicitly wanted a post-contractual relation to the surrogate as part of their family project, Thus they depended on her interest in relating to them and the child. However, even IPs who had no intention of a future relation sometimes highlighted the surrogate's altruistic motivation as a way of distinguishing their surrogacy arrangement from "exploitation". The following emotionally charged account, where Martha describes her first meeting with the surrogate, provides an example:

(…) It was a very moving meeting. She did not speak English, so we needed a translator. (…) But, it was a very moving meeting. Because I tried to explain to her that it was important to me that she realised that this… This was not about me not wanting to get pregnant, it was not that I worried about stretch marks or refused to give birth, nothing like that. So I started crying, of course. And then she said, "I will take good care of your child." And that was very moving in a way. She was sitting there and… was sort of willing to lend her body, you know. And people see it as an ugly thing, I find that really sad. That they only talk about exploitation, not about all the really beautiful things.

To Martha, the surrogacy transaction became "really beautiful" after a mutual acknowledgement of morally good motivations. Martha desired for the surrogate to see and empathise with her suffering, and thus accept her as an ethical subject rather than just a business counterpart or employer. Martha on her side emphasises the ethical value of the surrogate's motivation to help to put an end to Martha's pain, expressed as willingness "to lend her body", a priceless offering, maybe a brand of self-sacrifice. Such an exchange, in Martha's view, was obviously distinct from "exploitation" and far from morally bad ("ugly"). Interestingly, although this moment of relating happened *before* the pregnancy, as Martha and Axel were among the few who met their surrogate upon signing the contract, no contact was maintained during the pregnancy. This was according to the wish of the couple, who had chosen Clinic B because they preferred maximum distance – not to the surrogate, but to the pregnancy. The reason, they explained, was that Martha was somewhat traumatised by her own failed pregnancies.

(…) At Clinic A you are in continuous contact with the surrogate, and I did not want that. I couldn't cope with being involved in yet another unsuccessful pregnancy (…)

Martha reported to have felt somewhat guilty about not engaging more with the surrogate, assuming that she would have appreciated some attention. However, Martha's emotional vulnerability was prioritised, and the surrogacy regime provided them with the option of making this choice.

I believe that a desire on the part of the surrogate for non-monetary rewards contributed to a sense of commensurability for some of the IPs in my study. Altruistic motives may be seen to imply that what was being exchanged was of the same moral order, at least to some extent. An altruistically motivated surrogate received an ethical, emotional or perhaps religious reward for giving something that is somehow perceived to be of non-market, ethical value. The ambiguous – and often dynamically shifting according to context – understanding of the surrogate's motivation found among a majority of the IPs corresponded with an equally ambiguous and dynamic understanding of the nature of the transaction – between a pure market transaction and an exchange of non-economic values. The distanced relation to the surrogate – and her extremely limited influence on how the relation was enacted – provided the IPs with considerable flexibility to shift between understandings depending on the contextual requirements.

In addition, some IPs may have felt that altruistic motives were also indicative of a "right" motivation, distinct from "exploitation" in the sense that a desperate, destitute person would be unlikely to prioritise the pursuit for ethical reward. Pursuit of such values was seen as indicative of a subject with similar desires and motivations as oneself, rather than someone struggling for basic survival. Highlighting non-economic motivation, thus, could also be a way of addressing the third of the dimensions of distance explored, to which I will proceed now.

"Can this be done in a good way in India?"

(…) sometimes it feels as if it is impossible (…) to do this in a good way in India. Therein lies a lot of our ambivalence, can we really do this and be accountable for it? Can we defend it?

In the prologue, Emma was quoted, pointing to a core issue of the IPs' moral discomfort: the possible risk related to *India* as a location for their surrogacy arrangement. Discomfort in this regard derived from conditions I analyse as *sociocultural forms of distance*, i.e. unequal social relations and cultural difference and the interrelation between the two. In this section I will focus on how such distance was addressed. I will argue that IPs understood and evaluated inequality along lines of cultural difference, meaning that they distinguished between "Western" and "Indian" inequality. "Indianness" in various forms was seen as the main moral peril, prompting the IPs to negotiate its meaning and avoid engaging in relations and practices presumably structured by "Indianness".

Most of the IPs had never been to India before and quite a few of them, like Emma and Sebastian, experienced a "shock" in their first meeting with India. They generally expected India to be radically different in many ways, based on impressions from mass media, popular culture and second-hand accounts from people who had been there. Furthermore, potential problems with India in terms of "exploitation" had surfaced since they started considering choosing surrogacy in India, partly as a response to outside criticism, mainly in media debates in their home countries. Many of the IPs felt that the criticism implied a moral hierarchy of transnational surrogacy, in which the American brand was rendered superior and opting for India had to be justified. The cost in India was around a third of what it was in the US, while the US was reputed to have higher ethical standards. Choosing India, thus, could be, and often was, interpreted as prioritising money over ethics.

The IPs defended themselves against such criticism, often pointing out that social inequality shaped the availability of options, making the Indian brand the only available option unless you were very wealthy: "Either you are rich and go to the US or you are poor and go to India," as Daniel once explained to me. However, some IPs did also question the accuracy of the distinction between Indian and American surrogacy.

This has been going on in the USA for almost 30 years, and it has never been criticised[92]. But as soon as it is happening in a developing country, it is human trafficking and exploitation of the weak, the poor. (Mark)

[92] While Mark's claim that commercial surrogacy in the US has had no critics altogether is at best up for discussion, he was right in observing that public debate in his Scandinavian home country was sparked by the emerging surrogacy traffic to India, while a decade of traffic to the US mostly had gone under the public radar.

As suggested by Mark, the issue at stake was the impact of *inequality* on the ethics of the relation, i.e. whether or not a "win-win" surrogacy transaction could take place between wealthy Westerners and poor Indian women. One way of addressing this issue was to understand the Indian context and the life conditions of the surrogate as adding moral value to the arrangement. Nina said this about it:

When we decided to go with India, we were very happy of going with India. Because in our head we knew that the surrogate was needing the money and that that could help her as well as helping us. So it would be like a win-win situation for both of us, that surrogacy agreement.

In this scheme, rather than being a problem, social inequality added ethical value; the money was given to someone who needed it, not merely desired it (similar to the distinction between "need" and "greed" made by the surrogates described in Chapter 3). Money paid for Indian surrogacy – as opposed to in the West – could thus be constructed as a variety of *international aid*, rather than a mere payment for a service. Alexander and Elias, too, argued that the Indian context converted the moral value of money:

Alexander: In [my home country] the issue of money is often linked to prostitution and human trafficking. There has been some speculative linking so that people associate [commercial surrogacy in India] with prostitution.[93] *So what I am saying is that money is not a bad thing… In [my home country] it sounds somewhat dirty, but here [in India] it can be a future, for a family.*

Elias: It creates opportunities.

A: It creates opportunities. I had to come here in order to realise that. I too was influenced by [my home country].

The way this couple saw it, money had a different meaning in India, than "at home", where it was "dirty" due to its association with greed and overconsumption. What converted the moral meaning of money was an imagined power of the surrogate fee to alter the lives of the surrogate and her family[94] permanently, similar to the conversion described with the

[93] I am unsure as to whether or not Alexander here meant to imply that surrogacy had no such connotations in India, which we have seen is not at all the case. Generally, the IPs seemed to be aware that there was some stigma attached to surrogate motherhood in India. However, this was not a concern that was brought up frequently in the context of "exploitation", indicating that they may have underestimated its severity.

[94] Similarly, Vora (2015) points out that the narrative of "social uplift" as a rationale for surrogate motherhood is also told from the clinics to the commissioning parents as a way of dealing with a blurring of the boundaries between economy and intimacy.

surrogates in Chapter 3. By underlining the money's ability to create "opportunities" and "a future for a family", the surrogacy money was symbolically channelled into the morally superior long-term cycle in Parry and Bloch's (1989a) terms, where social relations such as kinship belong. Distance, as socioeconomic inequality between the parties, could thus not only be morally neutralised, but even add moral value to the arrangement.

"Not On Equal Terms"

In other contexts, sociocultural forms of distance were portrayed as a moral dilemma. The validity of the "win-win" framing was questioned with reference to inequality. Was the morality of the transaction affected by the dramatically different positions from which the parties entered it respectively? The following excerpt in which Christopher and Benjamin told me about the discomfort of not being "on equal terms" with "their" surrogate, Poonam, suggests the complexity of sociocultural distance and the ethical work addressing it.

Christopher: Here we come, being relatively rich. And we do come to rent her womb. And… that means we are not equal, we are not on equal terms. She is in a way a servant from whom we are buying a service. And although it is by her own choice… Oh, this is so difficult… to know.

Benjamin: It's also about how Indians… Take when we Skype, the way she behaves. She acts a bit suppressed… Or maybe that she lets herself be suppressed, resulting in this difference in who takes the initiative and everything.

Christopher: I think it would all be very simple if Poonam were as rich as us, and said, "Yeah, sure I do it for the money, but I would be fine without this money, too. It is just a nice bonus, because now I can build a cabin in the mountains." That would make us much more on equal terms. I am sure she would have survived without this money, too. They themselves said they would. But when you see how much difference the money makes, you realise that…

Christopher and Benjamin's concerns illustrate the ambiguous nature of the IP-surrogate-relation and how the "win-win" framing left some of its perceived dilemmas unaddressed. Although choosing phrases such as "rent her womb", the couple was uncomfortable with the fact that they were not "on equal terms", suggesting that the relation was more morally complex than that between a buyer and seller or employer and employee in a market. Inequality here evoked a moral discomfort that they did not report from other market exchanges they engaged in with extremely poor people in India (e.g. paying to take a taxi or buying from a street vendor).

Benjamin and Christopher's account of their concerns related to the difference between them and the surrogate was presented to me in a slightly self-ironic and highly self-reflexive tone, expressed for example in a wish for a surrogate pursuing "a cabin in the mountains" which was uttered tongue-in-cheek, as an ironic reference to iconic national values in their Scandinavian home country. They sometimes also made fun of themselves for what they thought might be an overemphasis on issues of social equality, attributing this inclination to their nationality and political affiliation to the left. However, I nonetheless believe Christopher's wish for a surrogate who was more equal was genuine. A financially stable individual who simply pursued non-essential material goods would indeed free them from some of the moral discomfort they were experiencing. With an equal person, entering a market transaction involving her body would be easier as her "right" motivation to do so could be taken for granted. Moreover, with an equal person epistemological uncertainty would be minimised: one could be quite certain she was not being exploited, while unequal relations left epistemological uncertainty about such motivation ("And although it is by her own choice… Oh, this is so difficult… to know").

Also reflected in Christopher and Benjamin's account, and very typical for the IPs' understanding of the relation, was that inequality was generally understood as a form of *by-product* of transnationality, mostly an undesired one (although poverty was sometimes seen as making the transaction more ethical as argued above). By this I mean that the fact that global inequality was a structural precondition for the surrogacy arrangement they took part in went mostly unacknowledged. Moreover, the risk of exploitation was not perceived to come from liberalised global market of reproductive services or from the corresponding class relations. Such structures were largely taken for granted, naturalised as "the way the world works", if articulated at all.

Instead, the IPs to a large extent related the moral risks of inequality to "Indianness", i.e. internal qualities of Indian culture and society, of which they themselves were ordinarily not a part. Christopher said about himself and Benjamin that they "came to India", "relatively rich", suggesting that their wealth, rather than being a stable fact of global class relations, was understood to be only relative to Poonam's and other Indians' poverty and thus a temporary effect of their turning to India. Thus it was "Indianness" that had to be dealt with in order to

avoid exploitation. A certain "Indian" brand of inequality, differing from the more morally neutral inequality caused by global markets, was perceived to stratify people not solely in social terms, i.e. of wealth and power, but also in human value, rendering some humans less valuable than others.

A perceived cultural difference with regard to equality in fact echoes central anthropological theorisations of the respective regions. While *hierarchy* has been seen as the key concept characterising social life in India, the corresponding key value in the West is *individualism*, according to Dumont's classic *Homo Hierarchicus* (1998 [1966]). Dumont stresses that hierarchy in the Indian context, or more specifically the caste system, should not be understood as an "extreme form of social stratification". "Stratification", Dumont argues, is a Western concept where the idea of equality as the "natural" condition is already implicated (Dumont, 1986). In the caste system on the other hand, hierarchy is what is taken for granted as fundamental to society. Dumont's argument is largely based on ethnography from a traditional Indian village, and it has since been argued that the relevance of caste has decreased, particularly in urban settings (Béteille, 1992, 2002). More recent work examining hierarchy in India in modern capitalist settings, where class may be more central to social organisation than caste, has however claimed that the influence of caste creates specific Indian manifestations of class society even in contemporary urban India (Frøystad, 2003; Waldrop, 2004).

The fact that most of the participating IPs were from Scandinavia might add to the discomfort evoked by what was perceived as "Indian" social forms. Though individualism, and hence equality according to Dumont, is said to be an encompassing value for all Western cultures, this value has a special importance and content in Scandinavia. It has been argued that the Scandinavian concept of equality, unlike that of the rest of the West in general, has an implied "sameness" (Gullestad, 1984, 1992). Hence, all *difference* is potentially problematic. Gullestad argues that this creates an inclination to downplay difference in relations with people conceived of as different and thus unequal. The closer the relation, the more important equality is, Gullestad claims – an argument shedding light on the IPs' discomfort with *intimate distance*. Interestingly, the image Christopher used above to exemplify an ideal surrogate (someone who pursues "a cabin in the mountains") included a key symbol of central cultural values. A desire for "the cabin", apart from being an expression of financial security,

could also express appreciation of cultural values such as closeness to nature and a simple, authentic lifestyle. If Poonam were pursuing a cabin in the mountains, she would not only be equal, but even the *same* in Gullestad's sense.

The Awkwardness of Inequality

"Indian" inequality, as understood by the IPs, seemed to comprise both the reality of huge class inequalities and a different cultural evaluation of such hierarchies as acceptable and natural rather than undesired. As already argued, Scandinavian social life has been observed to deal with social hierarchies through an active downplaying in social interaction (Gullestad, 1984, 1992). Although they themselves had indeed recognised that the relation to the surrogate was unequal in at least some sense, acting this quality out evoked deeply felt awkwardness, even alienation among the Scandinavians. Benjamin and Christopher's unease about their relation to Poonam partly stemmed from her behaviour in the limited interaction that had taken place. When they "met" on Skype, she acted like a "servant", a subordinate, rather than a business counterpart "on equal terms".

We found it strange. We had expected it to be like "we have some questions and would like to say hello," and then she might have some questions or something she would like to say to us. And there was the clinic, moderating the conversation, as everything goes through them. So we kind of expected them to have an agenda, too. But it was all very much led by us. So afterwards we would feel, "Gaah, that was really awkward!" (laughs). Because if we don't say anything, it becomes completely silent, and you sit there, going: "Oh well… Okay, this was very nice… See you around, then…Eh." (Christopher)

That it was very hard to make the surrogates engage in interaction on Scandinavian ("equal") terms was a general experience for those who did interact with the surrogate directly. The feminine habitus of "real-life surrogates", who came across as shy and submissive, somehow conflicted with the ideal image of an autonomous, rational and self-interest maximising market actor. The notion underlying discomfort was of course this: could her submissive behaviour indicate that she was being "exploited"?[95] However, such behaviour was most

[95] At other times again, what might have been submissive behaviour shaped by hierarchies was not noted as such. For example, quite a few of the IPs commented how Indians in general seemed more tolerant towards commercial surrogacy than people at home, pointing to the fact that they were met with friendly curiosity and interest rather than scepticism and criticism. Given the degree of stigma experienced by the surrogates, it is reasonable to assume that the IPs sense of support and respect had to do with class and even whiteness, but I never heard this problematised.

often interpreted with reference to "timidity" as a general trait in Indian women, thus not really putting the ethics of the relation at risk. Benjamin, for example, attributed Poonam's conduct mainly to her "Indianness", not to the power balance of their relation. Instead, he saw it as unnecessary and uncomfortable and maybe even an individual choice that could be suspended ("lets herself be suppressed"). The IPs seemed to appreciate individual Indian surrogates who were less "Indian", i.e. less timid in their behaviour and taking more initiative. More than inequality itself, the problem perceived was its palpability in direct interaction due to "Indian" culture, making *unfamiliarity* a solution to avoid the awkwardness.

Different but Equal?

The underlying assumption here, based on cultural understandings of equality and sameness, was that the less the surrogate represented a different subject, in terms of both equality and sameness, the less the risk of exploitation. Ethical work thus aimed at enhancing "sameness" and avoiding or downplaying difference ("Indianness"). The notion that socioeconomic hierarchies produced different kind of subjects, or that someone poor and underprivileged was possibly a less morally acceptable counterpart than someone "equal" was challenged as well, however. Martha said this in an animated statement confronting what she saw as a paternalistic dismissal of the subjectivity of "unequal" people:

(…) We sit [in my home country] going, "No, that is exploitation of women" or "we do not collaborate with that country" because they do not work the way we want them to. In a way, one turns one's back to the big issues and talks about other people as if they were retarded, "Poor them. Poor them, they cannot think for themselves." You know, they are made into weak people. When the truth may be that they are among the strongest people in the world, who endure so much and manage with so little.

Martha felt that Indian women's competence, i.e. their conscious and rational decision-making had to be taken for granted, rather than questioned. She felt that assuming that their poverty made them less competent belittled the women ("made into weak people"), depriving them of agency and rationality, instead of acknowledging the resourcefulness and resilience required to survive and combat precariousness. In Martha's view, a truly ethical approach required a shift of perspective and recognition of the relativity of morality.

You are supposed to be so ethical in [my home country]; it is all about "human dignity". But really, we don't know what human dignity is about. Because our lives are too comfortable. We are incapable of relating to other people's reality.

Martha felt "ethical" and "human dignity" had to be reinterpreted with reference to the lives lived by Indian surrogates and their families, rather than from the Scandinavian position characterised by wealth, welfare and the privilege of keeping high moral standards. Subsequently, as I interpret Martha, the ethics of decisions and relations had to be understood in light of such *difference*, rather than holding "sameness" as an implicit ideal.

All the IPs included such relativising reinterpretations in their ethical work, allowing for the surrogate to be both different (as in poor and "Indian") and the same (as in a legitimate market actor). Occasionally this was done by addressing the potentially suppressive quality of universalised standards and understandings, the way Martha did above. Another example illustrating this occurred during lunch after one of my first visits to Clinic A. I discussed my impressions of the clinic and their interaction with the surrogates with Peter. Over the course of the conversation, Peter questioned what he saw as my unreflective assumption that poor Indian women felt the same way about pregnancy as rich Western women (or, more specifically, me), taking for granted that "our" experiences were relevant to understanding surrogate subjectivity. Peter argued that lived realities and cultural differences would probably influence the degree to which a woman invested morally and emotionally in a pregnancy. Assuming that all women saw pregnancy as emotionally significant could imply universalising the motherhood experience of privileged women, those who could afford to focus on their own emotions.

Peter's relativist argument somehow – and this might have been intentional – resonated with some core arguments in identity politics, in general, and intersectionalist and postcolonial feminism in particular. These movements have pointed out the oppressiveness of universalising concepts of womanhood, privileging the experiences of white middle-class Western women such as myself and marginalising those of other women (Ahmed, 2006; Crenshaw, 1989; Narayan & Harding, 2000). To argue the situatedness of any knowledge in power relations and acknowledge the plurality of women's experiences and subjectivities is thus in some contexts a way of fundamentally challenging relations of power. However, in the absence of the surrogates' own voices expressing their subjectivity, such relativising, rather than suspending the definitional privilege of the powerful, provided the IPs with freedom to adjust their projection of the surrogate's otherness to suit their own needs.

In any case, relativising by the way of cultural difference was limited by the fact that it entailed new dilemmas regarding "Indianness": how much could IPs adjust their evaluations to different standards and logics before they had lost touch with "who they were", making it impossible to defend using commercial surrogacy in India? For this dilemma, as we shall see, the presumed Western values at the clinic provided a perceived solution.

"Good Care" – Outsourcing the Relation

Given the morally perilous qualities of the "Indian", ethical work of "non-exploitation" implied avoidance of practices and relations structured by the "Indian". Above all, they sought to avoid exploitation by engaging a clinic to mediate their relation to the surrogate, based on the understanding that the clinic's practices were "ethical", i.e. non-"Indian", often referred to as "good care for the surrogates". Simon and Phillip's story about how they overcame their reservations about commercial surrogacy in India well illustrates my point. The Scandinavian gay couple in their early 40s had spent months "researching". They had talked to experienced IPs and checked out various clinics, and were about to initiate a contract in Mumbai when certain events gave them pause. Firstly, they received some very bad news from a couple whose surrogacy process in India they had been following: intrauterine death of the child in the eighth month. "Such a traumatic shock! Even for us", they commented to me. Around the same time, they saw a documentary about commercial surrogacy in Anand, North India, which portrayed the Indian surrogacy business in a very unflattering light.

Phillip: It gave me nightmares.

Simon: It gave him nightmares! How they treat the women and how the sort of… A very different attitude towards the women.

Phillip: The language… Everything was bad.

Simon: Evil people!

Phillip: Yeah. So we said, "No, for fuck's sake, no, no!"

Simon: So we pulled the plugs and shelved it and said, "No, this is not for us."

When a year had passed, Simon and Phillip had not been able to "let go" of the idea of having a child. So they looked into their options again. This time they met with a couple of IPs recently back from Mumbai with a child, whose experience convinced Simon and Phillip that there was a way of avoiding "exploitation" of the sort they had seen in the TV documentary:

And we did some more research and realised that there are clinics and there are places where it is all humane, where they have a humane attitude and a Western way of thinking. Where they don't… we have realised now that Indians can treat Indians in a horrible way. They treat them like rats sometimes. (…) It is quite shocking, you get all, "How can you say something like that to a fellow human being?" But thanks to this clinic we learned that there is a clinic that takes good care of the surrogates.

Simon and Phillip felt that they could eliminate the potential "evil" of surrogacy in India by way of "their" clinic, which was "humane" and had a "Western way of thinking". The vast majority of the IPs shared the view that although India was a morally risky place, clinics could provide Westernised enclaves where the risk of "exploitation" could be minimised.[96] Choosing the "right" clinic, therefore, was about engaging with a counterpart understood to be culturally and, hence, morally the "same" in a context which was assumed to be morally "other", i.e. the ART industry in India. As argued, such Western values were manifested through the conditions provided for the surrogates in a broad sense, and IPs consequently generally ranked and picked clinics according to what they perceived as "good care":[97]

From the forum[98] we realised there were two clinics that most people going to India had used, Clinic A and Clinic B. So we looked at the differences and at what people had written, and tried to reach them by email – the couples who had written in the forum, I mean. And I guess we felt that Clinic A was the one which was… had more concern for the well-being of the surrogates, more than Clinic B did. That [the surrogates] should be with their families, that their well-being was important, and that one has contact with the surrogate during pregnancy and the sort of things that were important to us. (Emma)

As indicated by Emma, "good care" was generally understood as a holistic project, addressing the physical as well as psychosocial well-being of the surrogate. More specific examples from the IPs, however, most often pointed to medical care and frequency of check-ups, as well as a very low threshold for hospitalisation, as evidence of the clinic's "good care". Most likely, this reflected the fact that medical supervision was actually the type of information most available, i.e. the area where the clinics were fairly transparent and volunteered information through frequent reports.

[96] Correspondingly, it was widely assumed among IPs that "unethical clinics" mainly catered to Indian IPs, who would presumably accept less "humane" and perhaps even "exploitative" treatment of the surrogates.

[97] Other criteria also played a role, of course, such as costs, general professionalism, circulation of information and service-mindedness. "Good care", however, was held to be most ethically significant by most.

[98] Emma here referred to an online discussion forum on surrogacy, mainly frequented by IPs and potential IPs from her home country.

The care documented through clinic medical records was generally understood as more than satisfactory according to the IPs' standards. In fact, they were often impressed with how thorough and cautious the medical supervision was. The surrogate who gave birth to Peter's son, for example, was kept in hospital for two weeks after an isolated incident of vaginal bleeding during the second trimester. On several occasions, Peter used this as an example of "good care", comparing the practice with standard pregnancy care in his home country, where bleeding in early pregnancy allegedly did not qualify for healthcare at all. I hardly ever heard extensive medical care and supervision problematised by the IPs. The frequent check-ups, hospitalisation and close monitoring of the regimen for surrogates were assumed to benefit all parties, including the surrogate. In general, the issue of the surrogate's bodily integrity during the surrogacy treatment period – as I will demonstrate in Chapter 5 as a major issue for the surrogates – seemed to be quite underthematised among the IPs.

From her North Indian case, Vora (2015) argues that commissioning parents contribute to patriarchal control of a surrogate, justified by their genetic connection to the foetus she is carrying. In the case of the Scandinavian IPs using Mumbai clinics I found that they did not generally appear to wish for, or to know about, the level of control the surrogates were subjected to at the hands of the clinic. Instead they trusted the doctors. Although I often heard IPs point out that Indian doctors were different from Western ones in the sense that they were very authoritarian, I believe this production of ignorance was related to a generally positive attitude towards medicine and the medical profession. The moral authority of medicine and medical practices as a sort of "true" and inherently ethical practice, left largely unaffected by "Indianness", seemed to support a notion that "medical care" was generally both legitimate and benevolent.

The possibility that doctors could use their medical authority to achieve other goals than health and well-being was only to a limited extent part of knowledge production. Emma and Sebastian were an exception here. The couple eventually withdrew from their contract with the clinic. The issue triggering this was practices that did not correspond with the couple's idea of "good care". The Scandinavian couple did not wish to be responsible for separation of small children from their mother, nor did they feel comfortable about letting the surrogate live

in what they perceived as unhygienic and impoverished conditions.[99] As described in the prologue, the clinic provided the couple with explanations that could alter their evaluation. One example was the claim that monitoring the surrogate's movements and diet during the pregnancy was necessary in order to ensure her health, given that the surrogates themselves could not be trusted to make good decisions in this respect. This way, attempts were made to justify the severe restriction of an adult woman's bodily integrity via the encompassing value of "health" or "well-being". However, Emma and Sebastian could not come to terms with this argument, halted the process and later gave up on surrogacy in India altogether.

As already noted, IPs had very little influence over – and in fact little certainty about – whether or not the clinic really provided "good care". Was the clinic really a "Westerniser" or just another part of the India the IPs did not quite trust? Carl, with his rather market-oriented and neoliberal understanding of surrogacy, had a somewhat theoretical take on this question. He felt market mechanisms aiming at productivity would ensure "good care".

Kristin: What is that [which is important for you in a surrogate]?

Carl: Well-being. Health. That she is well taken care of during the pregnancy. And I felt they were by Clinic B. Both nutrition-wise and emotionally. Early in the process I talked to a representative, [name][100], and he sort of said… He said that the baby is in a way a product, and the way to ensure a good product is to ensure that the mother is well, both mentally and physically. Body and soul, and in every way. If she is malnourished and suffering - well, that will affect the child.

Carl too, however, had a certain concern that such a dynamic could be disturbed by "Indianness":

K: Do you trust the clinic?

C: Not 100 per cent.

K: Could you say something about…

C: What the distrust is about? There is 10 to 20 per cent distrust. Maybe 10. That they will pretend everything is ok no matter what. I wish there was more certainty surrounding that. But I have the feeling – it might be a little cynical – that this is one of those Indian things. "Don't mind them", sort of.

[99] This concern was not exclusively about the surrogate's well-being, but also about pregnancy risk management and hence the well-being of the foetus.

[100] The person Carl refers to was a former surrogacy client listed on the clinic´s web page as one of its "global ambassadors", available for enquiries from potential customers.

K: By "them", you mean the surrogates?

C: Well, yeah. Or those who are poorly paid, and cannot… those who are poorly paid and have "bad jobs", how they feel is not considered very important.

In Carl's view, even the presumably morally neutral market could only work in morally acceptable ways if it was undisturbed by the corrupting quality of "Indian" inequality. Again, some proportion of ignorance surrounding issues of potential ethical significance remained a quality of intimate distance, mostly causing unease but, as we shall see, sometimes also productive and deliberately produced.

A Desire not to Know

They got so damn angry. They were really angry with me, and I find that fascinating. I wrote, "Just be careful." And that makes them so angry, even the ones who are on their way [to Mumbai for surrogacy], who haven't done anything yet. (Emma)

What Emma was referring to here was the resentment and suspicion she aroused among other IPs when she posted on an IP forum about her negative experiences with the Indian surrogacy clinic. Instead of appreciating her sharing, the other forum posters questioned Emma's identity and her motives. "Who are you, and why are you so negative?" she was repeatedly asked. The reactions made Emma wonder what other critical perspectives had not been shared out of fear of being sanctioned.

So far in this chapter, I have provided examples of how knowledge about surrogacy was produced by IPs to distinguish their engagement in commercial surrogacy from "exploitation". Wrapping up my argument, I will discuss in some more detail how ignorance was sometimes more or less deliberately produced as a response to moral discomfort. As an example I will employ an empirical phenomenon I have thus far left unthematised: how IP networks and communities formed collectives for production, exchange and evaluation of knowledge.

Other IPs were extremely important interlocutors for most IPs "informing themselves". With one exception only, all were in touch with other couples and individuals travelling to India, exchanging information, experiences and advice, as well as interpretations and evaluations, prior to, during and after their surrogacy process. Some of the IPs had spent huge amounts of

time reading and discussing on Internet forums for IPs, and this input had influenced their assessment greatly, for example influencing their choice of clinic. Very often IPs would point to the example of an apparently trustworthy and "normal" couple as the one factor that eventually convinced them surrogacy in India was an ethically acceptable option.[101]

IP communities functioned not only as an arena for "informing oneself", but also as a collective knowledge producer of sorts. With this followed, of course, collective production of ignorance. Emma had based her understandings of commercial surrogacy in India largely on what she learned from the forum, and felt the "big shock" she and Sebastian experienced in Mumbai was partly a result of what she had not learned online. Emma and Sebastian experienced a discrepancy between the collective knowledge produced and reality as they experienced it.

Nina and Frank, too, had an experience with the clinic that did not match their expectations. They had read about IPs making friends with the clinic doctors and asking them to be godparents to the children born. They were very surprised to find they did not get along with the doctors at all. Due to the overwhelming prevalence of positive experiences in the online IP community, Nina had been confused about her own experience of distrust and antipathy. During our interview, after confiding this, Nina asked me if all the other IPs I had talked to were entirely happy with their experience. When I told her they were not Nina expressed relief she was "not alone". In spite of this appreciation of having her negative experiences validated, Nina did not intend to report them to the IP community. The only reason she felt free to share them with me was the guaranteed anonymity.

Nina: (...) Because, I find it really... I don't want to compromise anything for anyone else that comes after me, who can't get a chance to have a kid...

Frank: To have a child, yes...

Nina: Because I understand that... you know, I mean... we've been longing as much as anyone else, and I... we've been lucky. I don't want to close the door for anyone else after us. But saying that, I find it really weird how everyone has written... any fantastic report and

[101] Some also formed very close friendships with other IPs through Internet forums, blogs and social media, in addition to physical meetings. Contact was maintained and in quite a few cases, strong bonds were created lasting to this day. This was especially the case with IPs who had spent time together in Mumbai, supporting each other through emotionally taxing phases like waiting for delivery, caring for premature babies and the challenging legal process of establishing parenthood and obtaining necessary documents for the return home with the baby.

feedback, I'm asking myself, do people write good feedback just because they have a kid on their hands and everything is fantastic?

These examples suggest that ignorance was not entirely and in all cases an unrecognised and unintentional product. Sometimes it was produced in processes where the intention was observable and even acknowledged, such as Emma's experience of being silenced and Nina's decision to keep quiet about her concerns. Again, by pointing out the productive quality of ignorance I do not mean to suggest that the IPs' effort to find out what was going on was merely a show put on to appease critics. What I have described in this chapter, I believe, suggests otherwise. However, as a power distributional and epistemological effect of the configuration of intimate distance, ignorance was almost constantly available as a (last) way out of moral dilemmas and discomfort.

In Nina's case, ignorance was even portrayed as ethical – in the sense that it served what might have been a higher goal than "informing oneself". In her discussion about the American women's health movement, Tuana (2006) points out how knowledge production is not exclusively about getting it "right". The women's health movement presented their project as an endeavour to recover and create knowledge about women's bodies. However, this knowledge production had a goal beyond "truth", namely to "transform women's lives and transform society". The epistemological project, thus, was motivated by justice and love, in addition to truth, Tuana argues (ibid:2). Similarly, the IPs' epistemological project of informing themselves about surrogacy was motivated by their desire to avoid "exploitation" of the surrogate, but also by their desire for a child. In cases where the two concerns might not be possible to combine, ignorance provided a way out.

"I'm asking myself, do people write good feedback just because they have a kid on their hands and everything is fantastic?" Nina asked and in a way, she went on to answer her own question about why ignorance was sometimes deliberately produced. She herself would not report negative experiences, because she did not wish to "close the door" on others longing for a child the way she had been. To Nina, producing such ignorance was after all more ethical than producing knowledge that might hinder someone else from having a child.

Conclusion

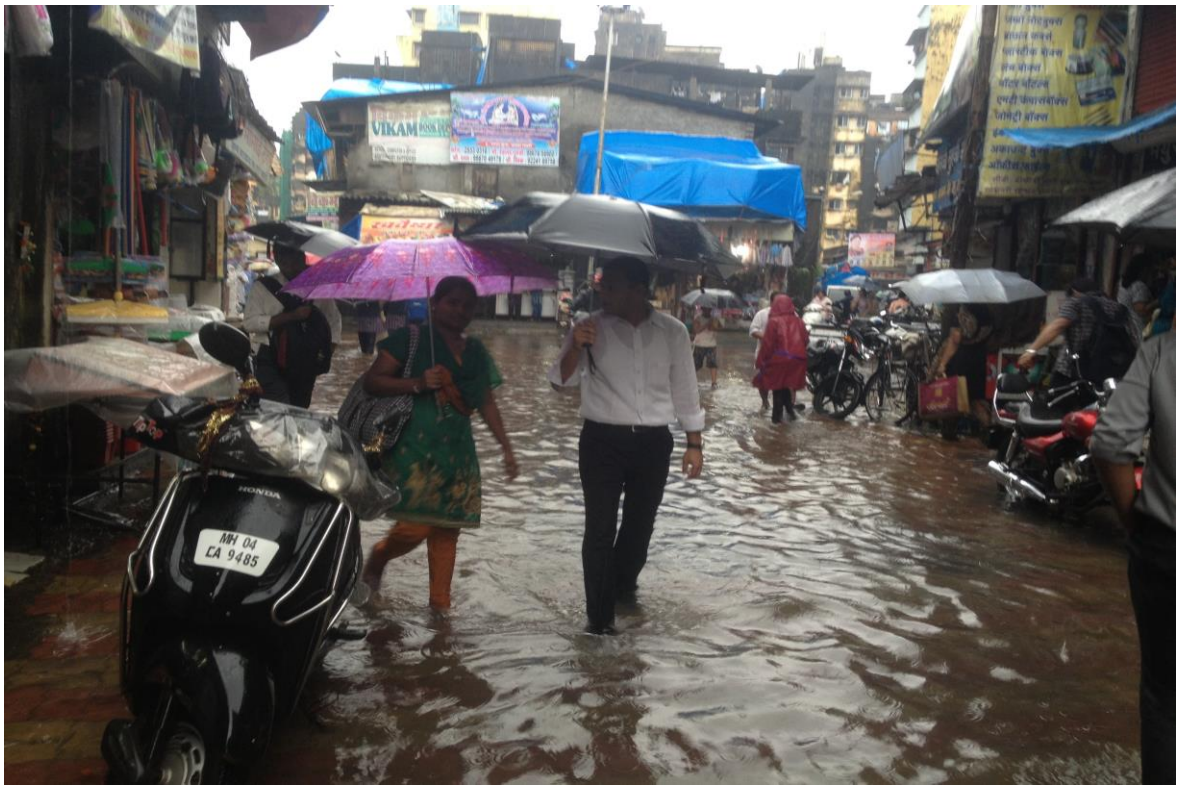
In this chapter I have looked into the IPs' experiences of entering commercial surrogacy in India, particularly focusing on the IP-surrogate connection and how it was experienced and handled. I have explored how the IPs attempted to resolve the moral discomfort caused by the novel and challenging configuration of intimacy and multidimensional distance making up the relation. I have argued that rather than engaging and interacting with the individual surrogate, the IPs' main response to the moral discomfort was an epistemological project of "informing themselves" about surrogacy in general and surrogates in particular, i.e. producing understandings and evaluations that enabled them to restore moral comfort.

I have argued that this endeavour, like all epistemological projects, also included the production of ignorance, resulting in IPs not knowing about practises that would conflict with their ethical project. This will become evident for the reader in the next chapter, in which I will discuss what I learned from the surrogates about their experiences from the phase of the surrogacy process in which they carried a child for a distant stranger. Some of my findings, largely resonating with other studies on gestational surrogacy in India, would most likely be perceived as instances of "exploitation" by the IPs.

I believe that the fact that IPs did not find evidence of "exploitation" highlights how production and management of multidimensional distance in the surrogacy arrangement was closely related to power. Although causing a sense of vulnerability and moral discomfort, multidimensional distance largely facilitated not only their reproductive exile, but also their dealing with this very discomfort. However, I know that many IPs will be, and have been, sincerely surprised – and troubled – to learn surrogacy in India might be more problematic than they had come to believe. On one level this illustrates aspects of how commercial surrogacy in India is organised and, particularly, the IPs' vulnerability in the relation to clinics, which had a strategic interest in them not knowing, and which strategically and deliberately kept IPs in ignorance about certain aspects of their practice.

On a more general level, I believe this chapter sheds light on the limits of individualised ethical work as a way of manoeuvring in an unequal and unjust world. As so many of us, including myself and especially during my time in India, have experienced, such work may

not have the power to resolve dilemmas that are ultimately caused by structures and processes beyond the scope of individual knowledge, choices and judgments. Moreover, and perhaps most importantly, it points to the effective ways in which legitimised power works without us noticing. I often meet the assumption that people commissioning surrogacy in India must be particularly hedonistic individuals with very little concern for others. I have found nothing to substantiate such a claim in my dealings with the IPs, and I hope this chapter has made that evident. In terms of qualities like empathy, solidarity and sociability, the IPs came across as highly normal people. Not to "exploit" was a very sincere desire among all of them, and I believe the fact that they managed to feel confident they hadn't, illustrates how effectively legitimised power works in the favour of the powerful, enabling us to fail to recognise many of the ways in which we are being privileged.



Flooded monsson streets in a Mumbai suburb.

Chapter 5: Accommodating a Medical Baby. The Surrogate Pregnancy and Regime

Prologue: At the Surrogate House

Ten beds crammed into 30 square metres. As always in Mumbai, no space is wasted. On each bed a pregnant woman dressed in a maxi, the long, loose dress many Indian women wear at home. Long hair loosely bound at the back of their heads. "These ladies are here because they need extra monitoring," Dr Nazreen, junior doctor at Clinic A, explains. The doctor, pretty, fair skinned and in her 20s, starts pointing out the ladies one by one, "This one has a short cervix. And this lady here has experienced premature contractions. This one, Placenta Previa." Then she points at a woman still lying under her sheets, face hidden. Nazreen lowers her voice slightly and says, "This lady has some emotional problems." We walk into a smaller room with only three beds. A smiling woman sits on one of them. "This lady here has a tobacco addiction, so we have to watch her a little." The woman gets up and comes closer, gives me a mischievous smile and takes a look at my necklace. She smiles again and nods approvingly. Dr Nazreen comments, "That one has a fun character. She is the joking type." She pats the woman's head and we leave the room.

Outside we bump into another woman, whom Dr Nazreen tells me is her "favourite". At the sight of Dr Nazreen the woman breaks into tears. The doctor embraces her, wipes her tears, and speaks some words of comfort. She turns to me and explains, "Priya miscarried yesterday. Twins." She leads Priya into the examination room, and we all sit down around the doctor's desk. Priya is now sobbing. Dr Nazreen continues to speak to her softly. In between she gives me translations, explaining that Priya says she is sorry for her clients, who are old and have tried for a child for so many years. And Priya herself will have to go back to her financially troubled situation. She feels everything is lost now. And she is no longer eligible for surrogacy following a miscarriage. "She asks me, 'will I get any money at all?' I told her maybe, Ma'am[102] likes to help those who are good. I will ask Ma'am for her. And I told her,

[102] "Ma'am" refers to one of the managing doctors of the surrogacy agency.

in six months she can come back for egg donation, if she feels ok by then." The doctor gets up, gives Priya another hug. Then she opens the door, and calls for "Sister", the nurse who looks after the women between Dr Nazreen's morning and evening rounds. The surrogates line up in the door opening, outside in the tiny hall, each of them carrying a plastic box with her name on it, filled with pills and bags of powder. The doctor and the nurse start examining the women. After having their blood pressure checked by the doctor, the women lie down on the examination table for Sister to check the foetal heart rate. Dr Nazreen detects low blood pressure in one of the ladies. "Why are you not drinking? You need more water," she comments with a strict voice. Another one is wearing nail polish. Dr Nazreen grabs her hand and expresses her disapproval.

It is time for the women's medicines and prescriptions. Dr Nazreen sits down. The women come to her with their boxes, reporting on their needs, arguing for their wishes. The doctor listens, nods now and then, and writes her prescriptions, one for each woman. When it is all settled, I ask her what medicines the women are taking. She explains that they all get calcium, iron and a drug that is supposed to increase blood flow to the foetus. She also gives them "energy powder". "They all want that, it makes them feel stronger," she comments with a little smile.

We return to the office upstairs, where the whole staff besides management has their desks. There is a steady flow of women – egg donors and surrogates – coming in for check-ups or with enquiries about cheques and procedures. They are easy to distinguish from the female clinical staff: slightly shorter; with blingy, but cheap saris and salwars; plastic handbags and the humble habitus so typical among the poor in India. A couple of them wear burkas, covering everything except their eyes.

Reports from surrogate check-ups have arrived from the hospital. Dr Nazreen goes through them, noting that one of the surrogates has lost two kilograms in three weeks. The doctor calls for an extra egg daily to compensate. She informs me that the surrogates are given six meals a day and milk when they wake up and before bedtime. One of the women has asked permission to go home and celebrate her birthday with her family. Dr Nazreen left the decision to "Ma'am", the managing doctor, who has declined. The woman gets angry, shouting at Dr Nazreen, "I am not going to run away with the baby, I just want to see my

kids." She then looks around her, as if realising her outburst is out of line. Tears start streaming down her cheeks, and she leaves the room. Nazreen shrugs and explains to me, "Sometimes we have to be very strict with them, and sometimes very soft. Soft when they get emotional and miss their kids, and strict when it comes to medical emergencies." The doctor goes on with her medical reports. She yawns incessantly. I ask her if her child is keeping her awake at night. She laughs. "Yes, my baby and my surrogates," she says.

After a little while she adds, "To harvest a fruit you need to look after the tree. That is why we are very careful, taking no chances with the surrogates. Not of all of them are very responsible. We have to work continuously on making them understand what is expected from them."

Introduction

In Chapter 3 I described how the notion of the surrogate child's conception "through medicine" served to give meaning, motivation and legitimacy to the women's decision to enter a surrogacy contract. The baby was believed to be "made through medicines", thus its conception, unlike that of other babies, was completely disconnected from sexuality, moved to the respectable medical field of knowledge and practice, and hence presumably not immoral. In this chapter I make the notion of a "medical baby" the starting point for an exploration of the surrogates' experiences of surrogacy pregnancy and birth.

I will argue that a notion of the foetus as essentially different was constructed through a process of biomedicalisation, and explore the ways this notion gave meaning and legitimacy to a strict regimen controlled by the clinics, referred to in the following as *the surrogate regime.* I argue that the biomedicalised foetus was understood to be insufficiently cared for by the surrogate's body and maternal skills alone, making it necessary to subordinate her own judgment and agency to that of the medical regime.

In addition, I argue that a notion of the medical baby as different in terms of risk and vulnerability contributed to *distance* in what may be the most physically intimate of human relations: the one between the foetus and the woman carrying it. However, sensory and bodily processes and experiences of surrogate pregnancy produced a sense of bonding. I will show

that accommodating the medical baby was therefore a complex experience of both submitting to a regime, and negotiating conflicting emotions and understandings, largely left unaddressed by the same regime.

Subjectivity, Power and Medicine

In this chapter I will demonstrate that the surrogate regime required that the surrogates continuously relinquished the right to decisions concerning their bodies, their movements and habits. The effects of this regime, as I see it, conflicted not only with feminist and human rights ideals of bodily integrity and autonomy, but also with imperatives of medical ethics, in particular those having to do with informed consent. This, however, must not be taken to imply that the surrogates were hapless, passive victims, forced into and subjected to the surrogate regime against their will. I take terms such as "free will" or "choice" to be equally inadequate to account for how this was experienced by the women themselves. My concern thus is precisely to explore the space in between "force" and "free will", i.e. the processes through which the women came to find submitting to the regime motivated and meaningful, however hard or even harmful this was to themselves and their families.

Gramsci's concept pair consent-coercion helps to illuminate how power works in complex ways. These concepts are highly relevant, I argue, in understanding how this played out through and within the surrogacy regime. The two correspond to *hegemony* and *dominance*, respectively, and conceptualise different forms of micromanagement of individual bodies. Coercion refers to the exercise of power with force. Consent addresses partaking in one's own subordination. According to Gramsci, to produce consent is to master people's agency rather than restrict it. Consent thus, also accounts for the link between subjectivity and power. Consent is the subjective and willing subordination to power, produced through "common sense", i.e. hegemonic understandings of reality. However, consent production is not merely an intellectual process. In line with theorists such as Foucault and Bourdieu, Gramsci is also preoccupied with the fundamental place of the body in the workings of power. Consent is *embodied common sense* (Pizza, 2012).

In the following, I will explore via the notion of a medical baby how certain understandings of surrogacy and surrogate motherhood came to function common-sensically in Gramsci's

sense. I will argue that the surrogates came to see giving up autonomy and submitting to harmful practices as necessary in order to accommodate and protect a foetus that was fundamentally different from "ordinary" foetuses. In other words, I argue that rather than subordinating to the force of the clinic, the surrogates subordinated to what they themselves saw as the "truth" about the surrogate foetus. In addition, I will discuss cases in which consent production was unsuccessful in the sense that surrogates failed to comply with the regime imposed or openly resisted it, cases in which consent was supported with both the threat of, and actual use of, coercive forms of power. Crehan (2002) notes that hegemony for Gramsci encompasses dominance, in regimes balancing consent and coercion, with the former predominating. However, very strikingly in the case of the surrogate regime, consent neither replaces nor obviates coercion. Rather, it can serve as an example of how hegemony and dominance are complementary practices, not different forms of power (Hall, 1986; Kurtz, 1996).

In Chapter 3 I argued that the strong association of surrogacy with medicine and medical practitioners helped surrogates to transform surrogate motherhood from "bad work" into "good work". In this chapter I will demonstrate that such authority played heavily in on the surrogate regime as well. With its assumed access to "natural" facts, i.e. "truth", and its connection through healing and treatment to the *morally good* – the authority of medicine supported the consent production, by turning social constructs, such as the relational implications of surrogacy or clinic doctors' "rights" to control surrogate bodies, into implications of medical "truths" rather than social relations. The relation between surrogates and clinic doctors was, as I observed it, mostly framed as a patient-doctor relation, while the fact that it was also one between employer and employee was undercommunicated. Overall, judging from the surrogates' accounts, very little – if any – distinction was made between the relations, between "doctor's orders" and "boss's orders"; though, most execution of power was labelled as the former.[103]

Over the last four decades debates of *medicalisation* have addressed – among other things – the relation between power and medicine. In its strictest meaning, medicalisation refers to the process by which human conditions and problems come to be defined and treated as medical

[103] I have not been able to look more explicitly and thoroughly into perceptions and practices of patient-doctor relations in this context, although I believe such an exploration would provide interesting insights.

conditions (Conrad, 1992). The concept emerged as a critique of the expanding jurisdiction of modern medicine, linking medicine and power and understanding the process of medicalisation as a form of social control (Cabe & Calnan, 1989; Conrad, 1992; Illich, 1975). Feminist scholars have described the gendered dimensions of medicalisation (Lock & Kaufert, 1998; Martin, 1987), identifying the female body and its normal functions, like menstruation, menopause, pregnancy and birth as "one of the cornerstones of the medicalization of life" (Lock & Kaufert, 1998). Furthermore, these scholars have noted how medicalisation turns normal life events, such as pregnancy, into medical problems (Lock & Kaufert, 1998; Lock & Nguyen, 2010; Martin, 1987). Such medicalisation of female reproduction has also been described in the Indian context (Van Hollen, 2003).

However, having argued the importance of medical authority for the surrogate regime, commercial gestational surrogacy in India may not be a good example of medicine expanding into and colonising "normal life events". A gestational surrogacy pregnancy is always, among other things, a medical event, depending entirely on doctors, medical technology and facilities, and pharmaceuticals. In order to understand how the surrogate foetus came to be understood as a medical phenomenon, a "medical baby", *biomedicalisation* may prove more illuminating than the literature cited thus far. Biomedicalisation has been suggested by Clarke, Shim, Mamo, Fosket, and Fishman (2003) to conceptualise "increasingly complex multisite, multidirectional processes of medicalization, both extended and reconstituted through the new social forms of highly technoscientific biomedicine" (161). These authors argue that processes of *medicalisation*, mainly taking place between World War II and around 1985, have gradually been replaced by processes of biomedicalisation. The difference between medicalisation and biomedicalisation, they hold, is a shift from *controlling* the body to *transforming* it. Emphasising the impact of developments such as new technologies and global markets, Clarke et al. argue that in the age of biomedicalisation the body is no longer static and immutable; rather, it can be reconfigured and transformed, creating new identities.

Biomedicalisation, thus, provides a fruitful frame of reference for the particular process I will describe in this chapter: the ways in which the surrogate regime construed the surrogacy foetus as a novel and different kind of foetus, which I refer to as the medical baby. This foetus, I will show, was biomedicalised – in the sense that its existence and survival was constructed to depend on medical attention, care, medications and equipment. In line with

this, the notion of the medical baby redefined and reconfigured the idea of pregnancy, transforming it into a joint enterprise between the surrogate's body and the medical regime, somehow marginalising the subjectivity of the pregnant women herself.

I will now proceed to discuss some imagined distinctive qualities of the biomedicalised foetus, the medical baby.

A Baby "Made by Medicine"

Our kids come from inside to outside, which is a natural process. Whereas this baby was outside at first, then it was transferred into a body, and then it will come out into the world. It was all done medically. (Bushra)

Vora (2015) notes from her clinic fieldwork that doctors do not provide an accurate explanation to the women as to how the technologies of gestational surrogacy work. Although my fieldwork yielded limited data on this, my impression resonates with Vora's findings. Notably, I never heard any surrogate use the term IVF, indicating it was not used to explain procedures. Instead, the genesis of the surrogate baby was usually expressed with the phrases *dawa ka baccha* (*"*child of drugs/medicines") or *dawa se banta hai* (*"*made from drugs /medicine"). As discussed in Chapter 3, it was the method of conception which constituted the crucial distinction between surrogacy and prostitution or other "bad work" in the surrogates' accounts. The notion that the foetus was "medical" (conceived "through medicines", "outside the body" or sometimes "unnaturally") remained central to the women's conceptualisation of the foetus and its relation to her pregnant body and self. As expressed in the quote from Bushra, medical conception provided a way of understanding the surrogate baby as fundamentally different from the surrogates' own children as foetuses, and the surrogacy pregnancy as radically different from their previous pregnancies. Thus, there was a clear developmental continuity of otherness and difference in the notion of the medical baby, from its conception outside the body, through medicines or sometimes "science", to its imagined survival and growth in the surrogate's womb.

"Not my baby"

The notion that the baby was "medical" served to produce a sense of non-belonging with the surrogate. "Not mine" was a common way of expressing such distance. Interestingly, whereas

the IPs consistently expressed non-belonging between the surrogate and the foetus in terms of biogenetics (e.g. “It was not her egg, so the child is not genetically related to her.”), the surrogates usually did not employ such terms to explain why the surrogate baby was “not mine”. “Genes” were never mentioned, and biogenetic knowledge appeared to play a very limited role – if any at all –in the surrogates’ understanding of kinship. In fact, most of the women seemed to be unfamiliar with biogenetics and the technicalities of IVF. Some were not at all aware that the egg came from another woman. One surrogate, for example, claimed that the injections prior to transfer were “for the egg, to make the egg fertile”.

I will return to the issue of how surrogates understood relational implications of surrogacy pregnancy in Chapter 6, arguing that they to some extent opposed the idea that pregnancy itself did not influence kinship. For now the point is that understanding the surrogate baby as “medical” was crucial to making the transaction legitimate at all – the surrogate was not giving away a child of her own. Thus, distinguishing the surrogate foetus from the surrogate’s “own” children was not only pertinent for the clinic, but also for the surrogate.

However, non-belonging (“not mine”) was not only constituted by how the baby was procreated in biological terms. It was not only the foetus as “medical” that made it belong to someone else. Non-belonging was also a factor of the surrogacy contract. The way the surrogates talked about this somehow resembled what I term “intent” in Chapter 2 about the IPs. The fact that someone had initiated (and paid for) the procreation of the baby and its gestation in the surrogate’s body also contributed to the baby’s belonging to someone else. The alienation produced by contract was never expressed in crude terms, juxtaposing the baby and money in ways that would resemble “baby selling”. Or, in other words, money itself was never employed as constituting relations to the baby, which could make the baby a sort of property; quite the contrary, on a couple of occasions when I probed to clarify this matter (“Is the baby theirs because they paid for it?”) the surrogates opposed to this way of putting it.

However, money did of course play a crucial role for belonging, and this was expressed, though cautiously. The transaction of commercial surrogacy was seen to imply an inherent separation between the baby and the money; one could not pursue both at once. Producing non-belonging and symbolic distance, thus, was necessary in order to comply with what was the ethical project in the first place: getting money for one’s own family. For example,

Lalitha, who went into surrogacy to "save" her debt-ridden mother, said this about why it was a good thing she never saw the baby after delivery:

Because then probably I would have forgotten all about the money, and paying back the moneylender, would have had a change of heart, and taken the baby home with me. But I had not got into surrogacy with that aim. That's why they didn't show her to me.

Respecting the presumed relational implications of the transaction was also about moral obligation towards the IPs constituted by the exchange of money. For example, Namrata said this about how she rationalised her options when she felt sad over separating from the baby:

I took money from them every month, and promised them that I would give the baby. So how could I back out on it? I, too, needed the huge sum of money.

The IPs' moral right to the baby, created by their "intent" and to some extent their money, worked alongside the notion of "medical conception" to produce a sense of non-belonging. When the latter ceased to work effectively, the former would take over.

Risk and Vulnerability

A second quality of the medical baby as perceived by the surrogates was its vulnerability and special needs. Unlike "naturally conceived" foetuses, it needed protection and nourishment beyond what the surrogate could provide through pregnancy. This may seem somewhat paradoxical, as surrogates are recruited on the basis of their previously demonstrated ability to conceive, carry to term and deliver children. The paradox was addressed by the notion of the medical baby as a different kind of foetus:

This baby has been conceived through medicines and we surrogates have to take a lot of injections and medicines. When we conceive naturally, we do the work in our homes also. But with this baby we had to take care. (Lata)

(…) the foundation or origin of the baby we are carrying is through medicine. It is not naturally conceived. So extra precaution and care needs to be taken. There is a high risk of infection too. If we consume the food available outside or drink water from an unreliable source, then it could lead loose motions (diarrhoea) and there will not be enough water being supplied to the baby. This affects the health of the child. (Parvati)

Some reported to have internalised a sense of high risk, to the extent that fear motivated them to comply with the surrogate regime:

These were not my babies, and there was a huge responsibility that I had taken, to give birth to someone else's baby. So the fear was always present, that we have to take good care of ourselves, of the baby, and give a healthy baby. (Jamila)

As these quotes illustrate, the surrogates generally accepted that special measures were necessary to ensure the survival and growth of the foetus. While the surrogate's own children were safe and well-nourished in their wombs even without special precautions, the medical baby needed supplies of nourishment from the outside and protection from the life world of the surrogate.

Martin (1987) argues that the separation between self and body is a consistent trait of American women's reproductive experiences. This, too, as I show in the following, was part of the experience of accommodating the medical baby. Not only did the surrogates' bodies carry a foetus they had no rights over; they were also to a large extent required to relinquish the right to decide over their own bodies for the entire duration of the pregnancy. Kroløkke and Pant (2012) describe how Indian surrogacy clinics discursively limit the surrogate's contribution to the space and time of her womb, resembling very much what I observed at the clinic. Involvement of the surrogate's subjectivity, i.e. emotions, reflections, judgments and habits, was largely constructed as needing modification at best, and undesired and harmful at worst, echoing Vora's (2015) observation from North India that surrogates are often portrayed as threats to the child they are carrying.

Modern medicine has been accused of constructing the foetus as a separate entity from the mother, separating and detaching what should be seen as a whole (Martin, 1987). As already noted, the notion of the medical baby implied an even more radical – biomedicalised – reconfiguration in which gestation was not a whole, but rather a decomposed, joint enterprise between the surrogate's body (rather than her subjectivity) and the doctors' knowledge and equipment (such as syringes and drugs). As we shall see, the nourishment and protection offered by the pregnant body was not complete; an additional regimen prescribed by the doctors ensuring a successful gestation period was required.

Thus, accommodating the medical baby – belonging to someone else, dependent on "medicines" and much more vulnerable than the surrogates' own babies carried previously – implied submitting to the clinic´s requirements. In the next session I will discuss this in more detail.

The Surrogate Regime

To harvest a fruit, you need to look after the tree. Not of all of [the surrogates] are very responsible. We have to work continuously on making them understand what is expected from them.

This quote from Dr Nazreen from the prologue provides an indication of how the clinic perceived the challenges they faced in managing the surrogates. Implied is the assumption that the surrogates are vehicles, means, and not ends in themselves (harvesting the fruit is the end, the tree is the means). Yet, they are not entirely passive (hence not really trees after all), as they have subjectivity and will, which must be modified to ensure a successful outcome of the surrogacy process. Looking after the tree, thus, was not about the well-being of the tree, but about the quality of the fruit to borrow the doctor's metaphor. The surrogates had to be "worked on" through guidance, (medical) monitoring and even discipline. The necessity of such a regime seemed to be largely accepted by the surrogates themselves.

I believe that all these rules have now come into force because some surrogate must have broken them, and not followed the rules. So the clinic isn't wrong at all to enforce such rules upon us. I believe that we surrogates must have done something wrong, and that is why they are forced to come out with such rules. They ask us to eat nutritious foods; they don't let us go out, etc. All this is done to take care of us. Probably some surrogates in the past must have run away with the baby, there are also cases where they abort the child, and that has caused the clinic a lot of stress and anxiety. So they are right to keep us under these rules. They also have a responsibility toward the IPs. So it is obvious that they will extend some of those responsibilities to us, by enforcing such rules. My experience with the clinic has been very good. I don't pick up fights with anyone. What does one achieve by fighting? Do something nice, so that people will always remember you by your good deeds. We only have to stay there for nine months. We are not spending our entire life there. (Bushra)

The level of loyalty to the clinic staff that Bushra displayed here far exceeded the average among the surrogates I talked to. Bushra had acted as a surrogate twice for the same clinic and saw herself as especially lucky with her clients and reported to be very happy with her surrogacy experiences. However, she sums up what most surrogates took for granted: that accommodating the medical baby implied a moral obligation to submit to the surrogate regime.

In part this had to do with the contract. To fulfil the very purpose of entering surrogacy, namely collecting the whole payment, it appeared essential to submit to a new way of practicing pregnancy. The surrogate was accountable for the well-being of the medical baby,

yet she was always at risk of failing, as both her practical skills and her judgment were inadequate. Her own judgment and practical knowledge was replaced by the surrogate regime, legitimised by knowledge only the doctors and clinics had full access to – the nature and needs of the medical baby.

Failing had very palpable consequences, as some surrogates, like Leela and Saraswati experienced. Leela was blamed for the premature birth of surrogate twins in her second surrogacy pregnancy, and reported to have been punished with reduced payment from the clinic. When we interviewed her, a year had passed.

Kristin: What is it that they accuse you of having done wrong?

Leela: They blame me for not staying in the clinic and running away home, where I did heavy housework, and so the babies got delivered early.

K: OK. What sort of work is it that they accuse you of having done?

L: They said that you jumped around a lot.

K: OK. Do you believe that is why the children were born in the seventh month?

L: No, I was even taking rest.

K: What do you think was the reason?

L: I don't know. I went to Hiranandani for check-ups many times, and I was always told that the kids are fine.

In our conversation, Leela strongly resisted that she was to blame. She openly questioned the truth of the doctors' claims, suggesting economic motives were disguised as medical judgments. She even appealed to her own experience and mothering skills, arguing that her own children had turned out "fine", and she had cared for the surrogate babies a lot more than she did for them, taking rest and eating more healthy food. She also did not entirely accept the clinic's allegations that the babies were "not good", as she had not seen them after birth and had not been able to judge for herself. Yet, facing the doctors, Leela had not opposed any of their claims, fearing there was still more to lose in provoking them further.

I was scared that if I fought, whatever amount they paid me, they would not even give me that much.

Leela had in fact at one point run away from the surrogate house in order to see to her own children, who were home alone. This was not in compliance with the requirements (I will return to this case later). Saraswati reported to have complied entirely with all requirements from both the clinic and her clients. Nevertheless, she felt castigated for the very premature birth of the surrogate twins she was carrying. Her effort to prevent premature birth included numerous weeks of completely resting in bed at hospital without seeing her two young children, which she found very hard. Measures to prevent premature delivery failed and the babies were born by C-section in the seventh month. Accordingly, the clinic reduced Saraswati's payment to less than half of the agreed amount.

After delivery, I was only paid rupees 1 lakh[104]*[100 000 rupees]. I asked them why I was being paid so little, despite the fact that I faced so many problems and suffered so much into the surrogate delivery. They said that since I had delivered early, I was being paid less. Also if they pay me more money, then other ladies may also want their surrogate babies to be delivered in the seventh month and yet be paid the full amount. I told the clinic that the time of delivery wasn't in my hands but they would just not hear any of that.*

I heard talk about Saraswati for weeks before I met her, as her story had upset other surrogates. Saraswati had complied with the regime, so why was she punished? Attempts to resolve the situation with the help of her clients did not work out; in fact, the clients cut all contact with her after she asked for their assistance. Like Leela, Saraswati accepted her fate, though she found it unfair and humiliating. Apart from illustrating how surrogates were held responsible, the case also demonstrates a notion of surrogates as immoral subjects inclined to greed and irresponsibility if not duly controlled and disciplined. According to Saraswati, for instance, the doctor told her that her example might make surrogates deliberately induce premature births if they knew it would not be sanctioned economically. For this reason, the doctor told her, they had to cut her payment to set an example.

Pande (2010b) analyses the disciplining of surrogates in Anand in North India during her fieldwork in 2007 as the production of the perfect mother-worker-subject. By this she means that the surrogate was asked to be a disciplined contract worker and a nurturing mother at the same time. The former ensured that she fulfilled the contract, while the latter prevented her from negotiating the payment as this may conflict with the identity of a good mother. While I never heard this explicitly related to notions of good motherhood at the clinic or from

[104] Approximately EUR 1 350.

surrogates, I too found that the surrogate regime activated a certain feminine morality that valuated submissiveness and passivity. This morality required the surrogates to be cooperative and non-confrontational, not to "pick up fights", "complain", etc. Those who were submissive enough were sometimes rewarded (e.g. Dr Nazreen's claim from the prologue that Ma'am liked to help "those who are good"). Correspondingly, and similar to the findings of Saravanan (2013), more "troublesome" women were sanctioned more or less explicitly. Tahira, who was fairly unhappy with her surrogacy experience, said about her relation to the clinic doctors:

(…) We did not complain. If we did complain, they would shout at us and threaten to cut our money. So we ladies decided to solve our problems on our own.

In addition to compliance, thus, the surrogate regime required the women to refrain from questioning its terms and instead obtain privilege through "goodness", i.e. submissiveness. What was rewarded, therefore, was in fact suspending one's own judgment and placing trust in the authority of the regime. In the following, I will in further detail describe and discuss some of the practices of the surrogacy regime in relation to the medical baby, arguing that interplay between the two helped to produce submission on the one hand, and distance in the relation to the foetus on the other. By such distance I refer both to the non-belonging already discussed, i.e. the sense that the child was "not mine" and to *detachment,* meaning limited emotional involvement with the foetus.

Leaving Home

I had to take a lot of care with this pregnancy, I took care of myself and saw to it that I didn't lift up heavy objects and even didn't do the housework. But with my own pregnancy I could go to work and even do the housework. With this surrogate pregnancy I only had to eat, and sleep, but not do anything. (…) Madam had strictly told us that this baby has been conceived through medicines and that is why it was required that we take extra care of ourselves and the baby, and avoid any sort of heavy work. (Sultana)

Like Sultana, most of the surrogates did not feel that a normal pregnancy required any special lifestyle adjustments, but accepted that gestating the medical baby did. While the women saw their own everyday practices, their homes, their work habits and eating habits as satisfactory and safe for their own children, they believed on the contrary that they were not necessarily so for the medical baby. Unlike with an ordinary mother, the "natural" protector and caregiver, the foetus was not entirely safe in the surrogate's womb due to its otherness.

In line with this, the most important, dramatic measure taken by clinics in the name of protecting the foetus from risks was removing surrogates from their normal environment during the pregnancy and relocating them into environments of varying levels of medical surveillance. This was experienced as extremely hard by most of the women, in particular the separation from their children, some of whom were toddlers as young as one year old. They often referred to this as the most emotionally challenging part of being a surrogate. Separation from the family was also the greatest source of conflict between the perceived interests of the medical baby and the interest of the surrogate herself, and many of the surrogates, as those studied by Deomampo (2013a), would have preferred to stay at home. Many reported of children suffering at home, crying on the phone daily and of husbands losing income as caring for children and household kept them from work.

Of all the participants, only a small minority stayed in their own homes for the duration of the pregnancy. In some cases, moving from home was the surrogate's explicit wish, usually to make it easier to hide the pregnancy from the local community. Saraswati told us she wanted to stay at the clinic because her home might not be safe enough.

They had said that if you stay somewhere nearby or close to the clinic, then you could stay at home, but then you have to take very good care of yourself. They had said that I would not be able to do household work as that baby has developed through medicines and injections, and very heavy work could prove to be risky. So I thought that what the clinic said was right. If by chance I stay at home, and something goes wrong, then I will not even get my payment. Then I decided to stay in the hospital itself. Plus, I was also worried about what neighbours would think about my bump. I'd lost my husband three years back and now if I walked around with a bump, then the people would ask. I cannot go around explaining surrogacy to so many people, so I thought it best to stay in the hospital itself.

The surrogates' accounts suggested that the clinics practiced somewhat varying regimes in this regard. Most surrogates were kept in designated "surrogate houses" in the two-week period between transfer and the first pregnancy test, and most for a few more weeks in case of confirmed pregnancy.[105] This was also the case for the final weeks before delivery, a period when many surrogates were hospitalised. Clinic B, whose surrogates account for around a fourth of the women I talked to, requested that the surrogates stay in the surrogate house the

[105] This seemed to be practiced very strictly, probably to eliminate the risk that the surrogate conceived through sexual intercourse in the same cycle when the surrogate embryo was implanted.

whole period from embryo transfer to delivery, according to the participants in my study. Compliance was rewarded with additional payment. Among the participants in this study, those who saw it possible stayed at the clinic. Others opted to forego the extra payment in order to be able to stay with their children, as the alternative would be leaving the children alone. One of the participants told us she was allowed to bring her children along to the surrogate house for this reason.[106]

Although IP clients at Clinic A were told that the surrogate herself decided where to stay during pregnancy, this level of flexibility was not reflected in the surrogates' accounts. Quite a few reported that the clinic overruled their explicit wish to stay with their families, justifying restricting the women's freedom due to the vulnerability of the foetus. The accommodations scheme was levelled according to severity of the potential risks: from non-medicalised housing very similar to the surrogate's own homes to full hospitalisation. In case of medical problems perceived as serious threats to the pregnancy, like bleedings or preeclampsia, surrogates were admitted to a proper hospital ward in the top-end private Hiranandani hospital, at the expense of the IPs. For less serious conditions, which were still considered to require daily monitoring, surrogates were admitted to Dr Nazreen's surrogate house in the clinic office building, described in the prologue to this chapter. Surrogates in the stage between transfer and pregnancy testing and surrogates who needed rest were all kept at a second surrogate house where the medical monitoring was less intensive. This institution was run by Dr Nazreen's colleague, Dr Amrita, and located on the second floor of an industrial building a few blocks from the clinic. Two big rooms filled with beds, with huge windows covered by curtains, could accommodate between 25 and 30 women. A nurse was present at all times, and daily visits were conducted by the doctor. A fourth variety of clinic accommodations, used for normal pregnancies, were the so-called "separate houses". These were rented apartments nearby the clinic in which a small number of surrogates – usually three or four – stayed together. I visited one of these apartments, learning that it was in most ways very similar to the homes of the surrogates. – a single room in a slum area, furnished only with bamboo mats, housing three pregnant surrogates. A few surrogates stayed in such "separate houses" with their family. This solution was usually justified on the basis of the

[106] Some IPs had the impression children under a certain age were routinely accommodated with their mothers. However, judging from the surrogates' accounts this was not at all common. Of the more than 40 surrogates I talked to during my fieldwork, only the one mentioned bringing her children to the surrogate house.

clinic's need for proximity to the surrogate to conduct weekly check-ups and other procedures if required. Apart from that, the level of medical surveillance was low. It was apparently also a common solution for women who had normal pregnancies but wished to hide the pregnancy from family members and neighbours.

Quite a few women reported to have spent the pregnancy back and forth between different solutions, including some periods at home.

For the first month I stayed at the clinic. Then I had taken a separate house on rent near District X. There I lived for hardly fifteen days and again got admitted to the clinic for three months. Then again they kept me in the hospital for another two months because there was less water in my body for the baby. I lived in the separate rented room for a very short time. Sometimes they would let me off for 15 days, sometimes for a month. If there would be something in the reports, then again they would call me back to the hospital. That time I would feel very bad to go back to the hospital leaving the family once again. But I had no option but to go. (Lata)

Lata saw medical considerations – represented in "the reports" – as beyond her knowledge and understanding and as incontestable orders. Watching a scene in a documentary on surrogacy in Mumbai (Sharma, 2012), in which a pregnant surrogate is being informed of the results of her check-up, Lata commented to me:[107]

Watching this, it brings me back. I remember the feeling. Your heart pounding. Thinking: "Please don't let there be anything, please let me go home to my kids!"

The possibility of contesting the medical validity of doctors' judgments never seemed to occur to any of the women. This, however, should not be taken as evidence of complete trust in the medical regime as I often detected suspicions that "medical problems" were not real. In our second interview with Saraswati, she slightly modified what she told us the first time we met (that she had chosen to stay away from home, for secrecy and for safety, quoted above):

Initially, they tell us that we would allow you to go home, but on the pretext of some issues regarding sonography, they hold you back for 3–4 months. And then, slowly we realise that we can't go home until delivery. It happened to me too. (…) They came up with some or the other "problem" and kept me in the clinic only.

Similarly, Tahira reported feeling somewhat trapped when it turned out the doctors would not let her go home after the agreed period of time. She did not entirely trust the doctor's claim that leaving the surrogate house would pose a threat to the foetus. Yet she decided to comply.

[107] Lata said this in Hindi, and Nausheen, who was present on this occasion translated into English.

I decided to stay quiet, because I only wanted the baby to come healthily and happily into the world. Once I was done with the delivery, I knew my responsibility would be over. And I also explained to my husband that we will not be able to pay 2 lakh rupees[108] to the clinic from our own pockets in case something goes wrong. So it's best that we stay patient, and keep shut. We come here to get money, not to give money to the clinic.

There are good reasons to doubt the claim that a surrogate – however irresponsible – would be legally obligated to compensate for the loss of or harm to the foetus. Nonetheless, the surrogates feared – as we have seen, with good reason – they would be blamed if anything went wrong. The threat of financial ramifications could efficiently be employed as a form of coercion whenever consent was hard to produce.

In Leela's case, the conflict she faced between following the clinic's requirements and what she saw as her children's needs became unbearable. After two weeks – the amount of time Leela had agreed to stay in the surrogate house – she asked to go home. Her mother, with whom Leela had left her children, had left town and the children were at home alone. "Madam", the doctor, refused, according to Leela because she feared that Leela would probably do hard work at home, posing risk to the twins she was carrying.

They kept me in the clinic for two months. I told them that my daughter was very young, and I had to take care of her. But they were not letting me go home. That is why I ran home from there, to my house.

After reaching home, Leela considered getting an abortion to get out of the surrogacy contract. But before long, the clinic sent her agent to her house, and Leela was brought back to the clinic. There the doctors agreed to arrange for a separate house where she stayed with her children for the rest of the pregnancy.

Above I quoted Dr Nazreen saying that not all surrogates were "very responsible". Leela's actions would most likely include her as one of the less responsible in the clinic's view. To some extent her fellow surrogates would probably agree, and I did notice disapproving frowns when her story was passed between surrogates. Though Leela's difficult situation evoked some sympathy as well, running away was deemed an outrageous move, ultimately placing sympathy with the clinic.

[108] Approximately EUR 2 600.

The pressure some of the clinics seemed to put on the women to keep them close and under control[109], suggests that something crucial was at stake. I do not mean to suggest that professional medical judgment was not part of the rationale, or that treatments and close monitoring were not justified at times. However, the clinic facilities did not necessarily have higher standards than the surrogates' homes in terms of hygiene and nutrition. In some cases the standard was even poorer. I never had the chance to visit Clinic B's surrogate house, but it was described to me by the surrogates as crowded with very basic facilities. A nurse was present part of the time to administer injections and medicines, and domestic helpers did the cleaning and cooking. Fatima and her friend, Jamila, both stayed at Clinic B's surrogate house for the entire pregnancy, and described the stay as uncomfortable. There was a shortage of beds, so "new" surrogates got only bamboo mats to sleep on.

Fatima: For the first six months we were very uncomfortable, and could not sleep on the mattress. After six months, the surrogate who was sleeping on one of the beds was nearing her date of delivery, and she was shifted out of the house. We had to book her bed for ourselves in advance.

Jamila: Even that bed, we got for just 10 or 15 days. If we complain to the nurses, they sarcastically ask us: "Do you have this luxury of sleeping on a bed at home?" so they never fulfilled our demands of a bed for each surrogate. But they never understand that all those medicines that we take have a heavy toll on our body, physically. And if we don't get a soft and comfortable bed to sleep on, the back pain only worsens. Even now, after two months, I still experience the pain sometimes.

I believe the low level of comfort provided suggests that control was a stronger motive than "care". I agree with Deomampo (2013a) who argues that the immobilization implied in the accommodating surrogates in the clinic should be read as a way that power relations are embodied and experienced through movements and space. In addition, I believe the separation from the surrogate's own everyday life may in effect have played a part in producing detachment to the foetus, though I never heard clinic personnel state this as a motive and thus have no data indicating intentionality. By putting such effort into keeping the women in the clinic, a message was sent that the foetus belonged in a medicalised world and should stay within this sphere. Correspondingly, a baby who was unsafe in the surrogate's home was less likely to be perceived as "hers". By ensuring physical distance, the difference between the medical baby and the children at home became very evident and palpable. Not being allowed

[109] After the end of my fieldwork, clinics have been reported to even step up the level of surveillance and separation.

to "mother" them simultaneously might enforce the surrogates' sense of the medical baby's otherness and non-belonging. As we shall see, the reverse was true following delivery. Only after the surrogate baby was safely delivered and handed over to its rightful parents was she allowed to return to the children who were *really hers*. This way, the distance from the surrogate baby could be experienced as a relief rather than loss. Thus, the actual or prospective reunion with children seemed to be actively employed, both by clinic personnel and the surrogates themselves, to give meaning to the separation and to ease emotional pain. I will return to this point later in the chapter when discussing delivery.

Valued Communities

All the ladies had similar problems, they had their own desperate stories of getting into surrogacy. We lived like one family and we were friends with one another. (Sultana)

While the separation from children and families was usually in focus when the women talked of being away from home, the distancing from everyday lives could also be experienced as positive and rewarding. Above all such rewards related to intimacy with other surrogates, as described in other studies (Pande, 2010c; Vora, 2014). Quite a few reported to have greatly enjoyed the company and support of women in the same situation, building strong and meaningful friendships. These relations also provided valuable arenas for meaning-making and managing emotions related to the surrogacy experience. Being together helped the surrogates cope with boredom, painful injections and the longing for their children at home. As expressed by Sultana in the above quote, the shared experience of "similar problems" could provide temporary relief from the distress of stigma so prevalent in the surrogacy process. Sheltered from the outside world, not only would the women be freed from the impossible task of mediating the notion of accommodating a medical baby, they would also be able to mirror and confirm each other's unspoken and unarticulated experiences of pain, distress and confusion, as well as joy and hope.[110]

[110] I noticed the same valuation of shared experiences almost every time former surrogates were brought together and the topic of surrogacy arose in their presence during my fieldwork, e.g. when friends accompanied each other for interviews. They keenly engaged in the narratives of one another, compared, confirmed and problematised on the basis of their own experiences.

It was not unusual for lasting friendships to be established between fellow surrogates, in some cases partly replacing missing kinship networks. Lata's parents were both dead, and she claimed that because of surrogacy she had also "lost" her in-laws. This was because they no longer talked to her after Shanti, her sister in-law, had spread rumours about Lata amongst the family. At the same time, she felt surrogacy had gained her committed friendships, something I observed during my fieldwork as well.

I lost a friend in Shanti but when doing surrogacy I made so many friends. Even she may not have as many friends as I have now (smiles). I have friends who adore me a lot, like Nisha and Preeti. They respect me a lot. Nisha has helped me a lot during times that I needed her.

With these friends, Lata shared crucial experiences in terms of the strong emotions involved: fear of injections, of "bad" reports, of post-operational pain and of the stigma and condemnation from the outside world. Other surrogates told me about other emotionally significant experiences shared specifically by surrogates: loneliness and longing, worry for the children at home, the joy of a positive pregnancy test, the weirdness of conceiving and carrying a medical baby, the mix of relief and sorrow when it was over, and the somewhat subdued pride over delivering a nice, healthy baby and freeing someone from their suffering. Although conflict and tension were also experienced by women staying in surrogate houses, those who had stayed in such facilities seemed to have had a better overall experience than the ones who did not. As I discussed in Chapter 1, solitude was something the women were highly unfamiliar with, and this added to the distress they felt from being separated from their families. Nisha went to a different city for surrogacy and was accommodated in what she termed a "big, nice flat". She stayed there by herself, only visited once a day by a woman working for the clinic. The first weeks she was also denied telephone calls to her family back home, as the woman who "looked after her" believed that radiation from the mobile phone posed a risk to the foetus. This complete seclusion from the world was so unbearable for Nisha that she left the clinic when her first embryo transfer was unsuccessful, and she only returned for a second attempt at the promise of being allowed telephone contact with her family. Aisha, too, spent several months by herself in a "separate room". When I met her two years later, I was struck by the quite exceptional sadness and distress she displayed over the whole surrogacy experience and the separation from the baby she had carried in particular. It has occurred to me that the combination of estrangement and solitude deprived Aisha of the coping techniques provided by the community in the surrogate house, which subsequently

complicated her own emotional management and meaning-making. I will return to Aisha's case later in this chapter.

Conceived on the Outside – Nourished from the Outside

Fatima: They told me that for three months, you will have to take injections at your waist, and also stay in the surrogate house. For three months, I had to take an injection daily. From the seventh month onwards I was given two injections, one on each side, till the delivery.

Kristin: Do you know what was in those injections?

F: They give these injections to all surrogates. I was told that they are for the growth of the baby. And also, it will stop my periods.

"Injections" of substances unidentified by the women themselves, were often mentioned by the surrogates as an especially challenging part of the surrogacy experience in terms of physical discomfort and pain. Many of the women spoke of the pain and fear the injections inflicted. Lata described to me over and over again how she and the other women at the surrogate house took turns holding each other's hands urging each other to refrain from crying while injected. Others told me how the injections made them sleepless for days or left permanent lumps on the injected body part.

The injection regimen was portrayed as somewhat incomprehensible and painful, but I never experienced a surrogate questioning its legitimacy. During interviews, I sometimes asked whether the person administering the injection would take the surrogate's consent or inform her of the content of the injections before proceeding. The surrogates would often find the question odd. The way they saw it, they had given a generalised consent to any medical procedure when signing the surrogate contract.[111]

It was their responsibility to give us medicines. Whenever they felt like, they'd come and ask us to have them. Sometimes, we even had to take three injections in one day. It was painful, but we weren't given any other option. (Anjali)

As indicated by Anjali's use of the word "responsibility", the injections, however dreaded, were seen as crucial for successful surrogacy. The women seemed to fully accept the claim

[111] This is probably how the clinics, too, interpret the contract. The one example of clinic-surrogate contract I have seen states that by signing the surrogate agrees to undergo "any medical procedure" approved by the "Attending Physicians".

that injections were necessary for the growth and survival of the medical baby and hence part of what they were paid to do.

I told myself that now that I have entered into surrogacy, I should not get scared of anything. If I stepped in for this work, then I have to bear all the pain. So I told myself not to be scared. And later, I began taking the injections myself. The surrogate baby is completely dependent on the injections to develop in the womb. So if I don't take injections, the baby will not grow, and if there is no baby, then what will they give me the payment for? (Saraswati)

All the women reported about the injections, some described them as daily and given throughout the duration of the pregnancy whereas others, like Fatima above, reported that the periods when the injections were given were limited. Different reports suggest different practices in different clinics or simply that the surrogates' recollections about it were somewhat loose.

The exact contents of the injections remain somewhat unclear to me. Initially, the female hormone progesterone is given to sustain the pregnancy until the pregnant body starts producing sufficient levels (Pande, 2009a), a practice common for IVF worldwide. The journalistic work of the Norwegian reporter Mala Naveen (2013), suggests that progesterone treatment may be continued for Indian gestational surrogates beyond what is common practice. Some injections given probably contained only nutritional supplements, such as vitamins and iron.

Apart from injections, as we saw an example of at Dr Nazreen's surrogate house, a variety of drugs in pill form seemed to be a routine part of the medical regimen at most clinics. These were, however, more rarely mentioned by the surrogates, and when they were, they were described in more positive terms as the pills, unlike the injections, were not seen to inflict pain and discomfort. Quite the contrary, as observed with the women lining up outside Dr Nazreen's with their medicine boxes, drugs and remedies in general were often perceived as attractive and beneficiary. Though it was fairly common for the women to feel that the surrogacy pregnancy had taxed on their body and health, the opposite also occurred. One woman experienced improved health as a result of the regimen at the surrogate house. Namrata was a widow and worked hard in the catering field to provide for her teenage son and to help out her elderly mother with whom they lived.

The timely meals, and medicines, staying in a peaceful environment, helped my health. (...) Earlier I was very thin. Now I have gained a little weight.

The surrogate regime, aimed at promoting the health and well-being of the foetus, moving out of the slum, improving nutrition, and providing medicines could be perceived as beneficial to the surrogate's health as well. While the invasive and feared injections were never mentioned in this context, the appreciation of "medicines" illustrates that medicalisation was not necessarily perceived as negative, per se; rather, the surrogates' responses to it were pragmatic, weighing perceived benefits against perceived disadvantage, rather than being experienced as social control (Lock & Kaufert, 1998).

Feeding the Medical Baby

During my other pregnancies, I conceived in the normal way, and ate whatever was made at home. But in this surrogate pregnancy, we were supposed to eat whatever they asked us to eat. They would give us milk powder, fruits, and non-veg food [meat]. For the surrogate pregnancy, the intake of food was different, because for the growth of the baby, they told us that it was essential for us to have fruits, and coconut water. In my own pregnancy, I could eat whatever I cooked at home. (Rupa)

Although the medical baby was believed to need medicines for its growth, eating right was also seen as part of properly accommodating it. As the quote from Rupa indicates, in this regard too, the medical baby was portrayed as different from the surrogate's own children, who as foetuses could be fed whatever their mother cooked. Quite a few of the women, like Namrata in the above section, mentioned timely meals consisting of nutritious food as one of the benefits of the surrogacy experience, others again complained about the quality and actual food served. The important point here is that the food was seen and portrayed as different, and not least - *better* - for the foetus than the food usually eaten by the surrogate and her family.

The capacity of shared food to generate kinship relations has been noted from numerous societies around the world (Sahlins, 2012). Nourishment through the pregnant body has the potential to bind the foetus not only to its mother, but even to other individuals sharing the same food. Whereas eating the same food produces *sameness*, special food, like the one provided for the medical baby, produced otherness. Apart from the otherness produced, class inequality became evident and explicit. Everyday food consumed by lower-class people in Mumbai simply was not good enough for the medical baby, who belonged to someone richer and more powerful.

The belief that the medical baby's satisfactory growth was dependent on elements provided by the clinics, first and foremost injections, and, to a lesser degree, pills, powders and special food obviously had critical implications for the surrogates' understanding of their own contribution to and agency in surrogacy pregnancy. A common belief seemed to be that without the injections, a medical baby would simply perish. Others thought that if not vital, injections were necessary for a healthy and full-grown baby. This notion did more than indicate, as earlier mentioned, a different form of pregnancy where gestation was fragmented and shared between the surrogate and medicine, i.e. the doctors and their injections, contributing to detachment and reducing the surrogate's understanding of her own contribution and importance to the foetus. Its practical implications also contributed significantly to the justification of restricting the surrogates' freedom of movement, as medicines were usually administered by the clinics and what was considered proper diet might not be available in the surrogate's home. Hence, the notion of the medical baby both produced distance in itself and legitimised the distance-producing practices of the surrogate regime.

Unfamiliar Clients

We have no information about the IPs before signing on the contract sheet. I did not know anything about them, not their names, not how they look, not the country of origin, nothing! Madam told me why should I bother? "You are here be a surrogate, and get paid for it. Your aim of being here finally is money. So don't worry about where the child will go, and who his parents are". (Misbah)

We are here to protect them both. The surrogates from the unreasonable demands of the IPs, the IPs from the greed of the surrogate. (Dr Nazreen)

Unlike some of the IPs, none of the surrogates in my sample were involved in the matching procedure, and most signed the surrogacy contract without knowing the identity of their clients.[112] Quite a few remained in ignorance about this up until post-delivery meetings, and some in fact had delivered, relinquished the baby and received their payment without ever speaking to or meeting their clients.

[112] Names would of course be stated in the contract, but this would be of little practical use for illiterate surrogates. Moreover, it seemed to be a common practice for the clinics to keep the surrogate's copy of the contract. Very few of the women I spoke to were in possession of the contract.

The surrogates generally viewed contact with clients as desirable and beneficiary for themselves. In part, this related to their distrust of the clinics. Unlike the IPs, who mainly "chose to trust" the clinics (see Chapter 4), many of the surrogates seemed to take for granted that the clinics were inclined to deceive both surrogates and IPs to suit their own interests. Thus, the unfamiliarity which was often valued by the IPs, was seen by the surrogates as the clinics' instrument for securing their control, ensuring the parties' ignorance about crucial aspects of the process. Unlike the IPs, however, the surrogates seemed to be largely aware of the clinics' deliberate production of ignorance. Namrata, for example, said this about the matter:

In all this surrogacy procedure, the major beneficiaries are the doctors or the clinic. Otherwise, why would they run such a huge hospital? They are definitely making a lot of profit and they want this business to continue. So obviously they will try their best to hide all unpleasant events or stories from the surrogates and the IPs. However I feel the deal between the clients and the doctors should be struck or signed before the concerned surrogate so that it would help her to have a certain level of trust towards the clinic. It should be fair towards us; we should know how much money the clients are paying to the clinic, how much we [surrogates] earn and what goes to the agents.

Surrogates, thus, saw in the direct interaction a potential for securing their own position. Some imagined that direct contact would make the clinics improve surrogates' conditions. Saroj felt IPs should have less confidence in the clinics.

I feel that IPs who are foreigners, who come from abroad, are very nice to the surrogate. But they also trust the doctors a lot, which I feel they should not. As IPs, it is their duty to ensure that the doctors are doing their work well, that they take good care of the surrogate; the surrogate is given proper and nutritious food on time, and also medicines, etc. Plus, they should talk to us every month, and ask how she is feeling, and whether she is being taken care of well by the doctors. If possible, they should meet us. Sometimes the doctors take away the dry fruits that the IPs send for their surrogates, and other gifts sent by them. This should be avoided. I feel the IPs should send a photo of the gifts to the surrogate, so that she can see what things they sent for her, and how much she got in the end. That way, there will be no chance that the doctors take away the gifts. And they should also ask us, whether we need something more than the gifts they have sent us. At least for the nine months[113], the IPs should do this.

Parvati, too, underlined the need for clients to know about and engage in the well-being of the surrogate.

[113] "The nine months" was a common way of referring to the pregnancy among the surrogates.

When we go to these big hospitals with our agents, we are not allowed to even meet our clients – for example, [the clinic where I did surrogacy]. The madam there does not allow us to have any contact with the client.[114] *We surrogates carry the baby in our womb for nine months, we give the clients a baby, so it is essential that the clinics or hospitals let us have contact with the clients. They too should understand how we live in very poor conditions, about our problems and all. We leave behind our kids and husband to do surrogacy. We have to stay away from our husband for nine months. So all these are our problems which do not ever reach the clients.*

The way Parvati saw it, surrogates should be allowed to inform their clients about their "desperation" and their hardships, as it could make them realise that what they were offering the surrogate was in fact too little, a different moral framing of what Dr Nazreen framed as "the greed of the surrogate". When contact was indeed arranged, some surrogates reported of restrictions on what they could bring up, and demands for money were explicitly prohibited.

Tahira and Namrata had both received a general request regarding avoiding information that could upset the IPs.

T: They [the clinic staff] tell us that we should tell the clients only feel-good stories about us, and not something that would cause them agony or make them feel sad or sorry about us.

N: And they say whatever is your problem or your difficulty, you should in no way mention any of it to the IPs.

The clinic, thus, seemed to "protect the IPs from the surrogate's greed" by staging meetings as arenas strictly for non-economic exchange, usually at the request of the IPs. Such exchange was indeed appreciated by the surrogates for its relational value. Lalitha, for example, enjoyed her Skype sessions with her clients during the pregnancy, although she found the communication challenging.

It was very nice. They asked me many things, how I was, how the baby was doing, they asked me whether the baby is moving and they also asked me to show them the bump. I answered all of the questions they asked me, but at that time, it didn't strike me what I should ask them. We don't know the language of the clients, they speak in English. They also don't speak our language. It was the translator doing all the talking between the two of us.

[114] As we shall see, an exception from this rule was made in Parvati's case, at the request of her client.

Similarly, Namrata felt that to prove that they respected the surrogate, in the sense of acknowledging her as more than a business partner, IPs should be present for her and support her through the medical procedures during the pregnancy, not unlike the Israeli arrangements described by Teman (2010). However, she told us she would not request something like that out of shyness and fear of rejection.

N: The IPs should accompany us to our tests, check-ups. That will show they also have concern for us. If they take the baby, and pay us the fee, it becomes very business-like, and commercial.

Kristin: You would have preferred it to be less commercial? Less business?

N: What does it matter if only I think that it is commercial? There is so much poverty in our country. Even if I don't like it, I cannot put a stop to it.

Namrata was very friendly and forthcoming and expressed on various occasions her appreciation of our work. She also seemed to very much enjoy the opportunity to share her opinions and experiences in interviews. The last reply of this excerpt, however, she delivered to me with an expression of pedagogic patience, making me feel she found it very naïve and unrealistic of me to suggest that she could influence the specifics of the surrogate arrangement.

In a conversation between the two of them and Nausheen[115], Nisha and Lata had some interesting perspectives on how contact during pregnancy benefited all parties:

Nisha: It feels good to talk to the clients. I feel it is especially beneficial for the clients. It is we who are carrying the child and not them. They don't go through the stage of having the baby inside them. So probably they are happy to talk to us and get a feel for how the child is doing and developing in the womb. We feel happy to see them happy.

Lata: And it also feels good to know that the IPs are concerned about us.

N: When a lady conceives by having physical relations with her husband, then she feels very happy when her husband comes and feels the baby in her womb. However for the IPs, they just get this feeling of happiness by talking to the surrogate.

Nisha pointed out that not interacting hindered some relational processes she perceived as valuable and desirable, first and foremost the IPs' connection with the foetus. She compared this relation-building through IP-surrogate contact to that of a husband bonding with his child

[115] I was present and listened to the conversation, but did not interrupt for translation. Instead I recorded and had the conversation transcribed and translated by Nausheen.

by touching his wife's body. As a father's bonding brings joy to a mother, a surrogate will value helping IPs to connect with their child. In addition, she will have the reward of harvesting happiness produced by their own reproductive work ("happy to see them happy"), and finally, the expression of the IPs' valuation of the surrogate ("concern for us"). What Nisha and Lata described here can be interpreted as a sort of exchange of the ethical value produced in surrogacy pregnancy, an exchange that was often impeded by distance, creating as we shall see in the following chapters, ambivalence and sometimes a sense of having been let down on the part of the surrogates.

Parvati's story provided a contrast to this, as the usual *unfamiliarity* was in fact replaced by an exceptional degree of intimacy. Her client was a middle-aged, upper-class Indian from a different city. Halfway into the pregnancy the client rented a Mumbai flat in which she offered to stay with Parvati and her family, initiating a close relationship between the two women. The client cared for Parvati and shared her pregnancy experiences for better and for worse, much like the Israeli Intended Mothers described with Teman (2009, 2010).

Parvati: (…) She would sleep in the hall, and my husband and I slept in the bedroom. On certain nights, I would not be able to sleep till 2 in the morning. The babies were very heavy. Each of them was 3.5 kg. In all, they were 7 kg, and I am a slim lady. If I slept on the left side, that side would start paining. And if I slept on my right, the right side would start paining. So those nights I would wake the lady up, and we'd sit together for some time and talk.

Kristin: And she was OK with that?

P: Yes, in fact she would like it. When the babies would move, she would keep her hand on my stomach and feel their movements. I have experienced my own babies moving in my stomach. But for her, this was a totally new experience.

K: Do you also feel that you became emotionally attached to her?

P: Yes. A lot! She was like family

K: Do you think she felt the same way?

P: Yes, she was crying when I delivered (smiles).

Unlike other IPs, Parvati's client was exposed to and attempted to relieve the ambivalence and emotional challenges of surrogate pregnancy.

As the days started passing, I started getting emotionally attached to the babies. As the bump began to grow, I questioned my willingness to get into surrogacy. There were days

when I was very irritated and frustrated with all these thoughts starting to go around in my head. Sometimes I would get irritated, and throw up [vent] that anger on either [my client] or my husband. But my client was very understanding, and explained that I have two kids of my own to call me mummy. But she had no children, and longed for one, and that Parvati is doing a good deed to her. I would go to the garden below that building, and sit alone, and think. My client would then come looking for me, ask if I was ok, and take me back home.

According to Parvati, her client's experience was also highly ambivalent. Parvati suspected the client was worried about the surrogate becoming too attached to the foetuses, which made her anxious and depressed.

Whenever we would sit down together for dinner, she would not eat anything, and tell me that she had already eaten. I've even noticed her crying alone, on the balcony, all by herself! Then I would approach her, and tell her not to worry; I will not get attached to them.

Intimacy allowed the women to engage in and adjust to each other's emotions and as such assist each other in the emotional work of constructing and deconstructing relations, producing the "right" relationality. I met Parvati on a number of occasions during my fieldwork and noticed that she took a great deal of pride in her close relationship with her client, considering herself lucky to have received so much care and concern from a person much richer and more powerful than herself. However, she also seemed to be carrying quite a lot of grief related to this part of her life, making her surrogacy experience an ambiguous one. As I will return to in the next chapter, even Parvati's client employed the powerful tool of separation in order to control the relational outcome at the expense of Parvati's feelings. The client's persistent unwillingness to let Parvati see so much as a photo of the children suggests she might not trust the efficacy of the mutual emotional work performed during pregnancy, and that desire for control might have been an additional motive for the intimate relationship.

Detachment and Delivery

They don't let us have a normal delivery. Caesarean is the norm. (Lalitha)

The ultimate goal of accommodating the medical baby was, of course, separation at the end of the pregnancy. The surrogates were informed right from the recruitment stage that their contact with the baby would end immediately after delivery. In practice this meant that the infant was removed from the room as soon as it was born. Any sort of contact between the surrogate and the baby should be avoided.[116] This seemed to be the procedure followed by all

[116] At least Hiranandani Hospital, the big private institution where most surrogate babies are born in Mumbai, practiced this policy very strictly.

hospitals performing surrogacy deliveries in Mumbai, differing from practices described in other parts of India (e.g.Vora, 2014) where surrogate breastfeeding seemed to occur frequently. None of the women I spoke to were allowed to touch the newborn following delivery, few were allowed to see it, much less nurse the infant.

The predominant mode of delivery, caesarean section (C-section), facilitated the policy of abrupt alienation. Although most of the surrogates had had unproblematic vaginal deliveries in the past, the majority of them delivered the surrogate baby by C-section. Most of the women were not involved in the decision, a fact they seemed to accept as part of the surrogacy contract. Very few reported to have taken it up with the doctors, perhaps because the lack of a say in this matter was experienced as a logical continuation of the process as a whole.

I think caesarean would be better. I followed the protocol, took medicines and injection for all the nine months. At the end of surrogacy, and at the time of delivery, I didn't want to go against the doctors' advice. (Parvati)

Parvati was carrying twins, one of which was in breech position, and was informed that C-section was preferred for this reason. Like her, some of the women were given an explanation of the considerations involved, but the majority of the women were simply told "doctor's orders". In a few cases, the choice of delivery method was made by the clients. In some cases, economic incentives were attached to a caesarean delivery to motivate the surrogate to opt for it.[117]

The majority of the women expressed a preference for a "normal" delivery. As mentioned, most had experienced vaginal deliveries, whereas C-section was unknown, somewhat scary, territory. Many feared the invasive nature of the operation. Others, especially among those who had experienced a caesarean, dreaded post-operative pain and complications with the stitches:

Leela: I was there (at the clinic) for 5-6 months. And they told me that the baby is coming down, and [they] had to give me some stiches. Later, without even informing me, they took me away for a caesarean.

Kristin: OK. Would you have wanted a normal delivery?

[117] The amount often mentioned in this context was INR 50 000 rupees, around EUR 700.

L: Yes.

K: OK. Can you say something about why?

L: Because in a caesarean delivery, the stiches become a problem, and they wouldn't have allowed me to work normally.

A minority of the women had an explicit preference for caesarean, because they saw it as a less painful way of delivering. Jamila reported that the caesarean was decided at her request.

Madam had asked me to have a normal delivery, but I asked for a caesarean because I wanted to avoid the pain of delivering twins.

When asked about the delivery practice of the clinic, Dr Nazreen from Clinic A informed me that the routine was to induce contractions after 36 weeks of gestation. If a vaginal birth did not take place within a day or two afterwards, a C-section would be conducted. However, judging from the reports of the IPs, planned caesareans were also common to ensure that the IPs were present in Mumbai at the time of the delivery and also to avoid an excessive waiting period after arrival. Other clinics seemed to be less concerned with IPs spending time and money waiting for delivery. One of the participating couples waited for almost three weeks for the surrogate to go into labour spontaneously. This baby, however, was also eventually delivered by caesarean, due to unsatisfactory progress in the delivery.[118]

Notwithstanding official and unofficial motivation for the high frequency of C-sections, the mode of delivery undoubtedly influenced the surrogates' experience of the separation from the child. Emily Martin (1987) describes C-section delivery as an extreme form of detachment, removing birth as a crucial transition between "pregnant" and "baby" and potentially coming in the way of the postnatal bonding between mother and child. In the surrogate's case it would be expressed as "accommodating the medical baby" and "definitely separated from it" (quite a few of the women never came near the baby after this point). It was an abrupt change that many experienced as extreme detachment, often producing sadness and confusion. This is how Aisha described it:

I would always miss her, after delivery. I had a huge bump, and suddenly now I had this flat tummy, but there was no child with me. So I felt like my child has gone away from me, it has been separated from me. I felt like this for a month and half.

[118] Through IPs I heard of quite a few cases like this, spontaneous vaginal deliveries ending up as emergency caesarean sections.

Unlike other births, however, such detachment, not bonding, was in fact the ultimate goal of delivering the surrogate baby. For this purpose a C-section would in most cases be more effective than a vaginal birth, notwithstanding the emotional effects of the surrogate.

The abrupt separation from the newborn at birth evoked various responses among the surrogates:

It feels very sad to give the baby at the end. Because for all these nine months you take care of the baby, of yourself, and when the time comes to give it away, it feels bad. (Preeti)

The clinic has told me beforehand that this is not your kid, so don't let yourself get very attached to the baby. (...) I had absolutely no tension or worry about this baby. My only concern was my kids back home. I wanted to finish the work fast and go home as soon as possible. (Beena)

A few of the women, like Beena above, reported to have felt no emotional distress caused by separation. Others, like Preeti, told us of a continuous experience of increasing bonding in pregnancy, making the separation painful, an observation also made in other studies (Saravanan, 2013). In other cases, women were even taken somewhat by surprise by their own strong emotional reaction, as they had not felt very much of a bond to the foetus during pregnancy. Many were ambivalent, difficult emotions connected to loss were mixed in with the anticipation of "getting it over with" (completing the pregnancy) and, above all, returning to their own everyday lives and families, as Beena pointed out.

Along these lines, difficult emotions could be combated with thoughts of one's own children. Preeti had a strong emotional reaction to the separation right after delivery. The hospital staff tried to help by reminding her of the difference between the surrogate baby and her own child.

The nurses took care of me, and consoled me. They got my son to sit before me, and said, "Look, this is your child, and that is their baby."

I heard of several instances where hospital staff had employed this strategy to help surrogates modify their reactions postpartum. Again the opposition between "ordinary" mothering and accommodating a medical baby, not least its practical implication of separating the surrogate from her own children, gave meaning and motivation to submit to what was expected. As mentioned, a strict policy of non-contact between the surrogate and the newborn was practiced at the hospital. Whether or not a surrogate should be allowed contact with the baby – among the surrogates expressed as "seeing the baby" – was entirely up to the IPs. Hospital

policy required such contact to take place after discharge from the hospital, suggesting that great meaning and importance was attributed to the act of "seeing the baby" (as we shall see in Chapter 7 this was also the case among the IPs). In the case of a vaginal birth, the surrogate sensing the newborn – hearing its first screams and catching a glimpse of it before it was taken away, was inevitable, whereas the surrogates who delivered by C-section simply woke up from narcosis with an empty womb, missing both the transition and the contact involved.

Most surrogates viewed seeing the baby as morally and emotionally significant. In general, this implied that they desired to see the baby, and most of those who were never allowed to were unhappy about it. Some, however, shared the hospital's view that not seeing the baby would ensure a more healthy process of separation. As I will discuss below, while the tactile sense of the foetus in the womb was experienced as a weak link in the detachment process, visual contact with the newborn was also frequently mentioned as potentially triggering overwhelming emotions in a surrogate.

"It felt as my own child!"

I thought of this child also as my own child. Just like I had my own two children in my womb, this child is also in my womb. But then, I would tell myself that no, this baby is not mine, and I have to give it away. (Nadia)

As we have seen, the surrogate regime mostly succeeded in making surrogates conform to the desired conduct. However, there were elements of the surrogate experience that somehow were not fully addressed either by the notion of the medical baby or by the surrogate regime, most notably conflicting emotions and the shift in perceptions of the bond between surrogate and foetus as such feelings emerged.

The surrogate-foetus relation, too, could be understood as a paradoxical and morally ambiguous configuration of intimate distance. Though, as noted, there was a basic understanding of non-belonging ("not mine"), the surrogates' sense of their relation to the foetus was complex, nuanced and not least changing over time. Many found it increasingly difficult to distance themselves from the foetus as the pregnancy progressed and its presence inside the surrogate's body grew perceptible, making the physical intimacy of a pregnancy more manifest. Apart from the temporal aspect, i.e. "time spent" with the foetus, the

emergence of foetal movements seemed to play an important role in this respect. Sensing the foetus inside her, concrete and palpable, did not quite fit into the notion of the medical baby as a different kind of foetus. Rather, it was felt to behave and communicate just like any other foetus gradually evolving into a person, evoking similar emotions, through an experience of intimacy that could be expressed as *consensoriality*, capturing the togetherness produced by sensing.

When the baby in the womb kicks and moves around, then the mother experiences a lot of happiness and joy. This baby was also kicking, which would make me happy. So I would feel that the baby is playing inside, it is moving, and it felt like my own child. (Aisha)

By sensing its movements and the emotions they evoked, Aisha came to feel the foetus belonged to her after all ("it felt like my own child"), and that detaching from it was difficult. The emerging bond to the foetus produced by such consensoriality made Aisha's increasingly ambivalent towards the end of the pregnancy.

A: As the time for delivery was nearing, I began to feel more and more bad, because I knew this baby was going to go away, and not stay with me.

Kristin: What did you do to prepare yourself for this?

A: I always thought about my kids, and I said to myself, that by giving away this one baby, I can get happiness for two of my own children. That's how I prepared myself.

K: Did you get any help from the clinic, counselling or anything else to deal with this?

A: No, they only gave the money to the agent who took away some of it, and the remaining she gave to me.

K: Did you tell the doctors that you were feeling sad about giving the baby away?

A: No, but I had told my agent about it. She counselled me that she had told me about giving the baby, I should not develop feelings for it and it was only after I had agreed for this that I was taken in for surrogacy. She told me that I had two of my own kids, and I should think about them.

Though the notion of the medical baby and the surrogate regime contributed to a moral and emotional distance, most of the surrogates did report a need to additionally modify their thoughts and feelings during pregnancy. Some reported this to be quite easy; by simple techniques they adjusted their emotions according to what they had been told and found comfortable themselves:

I did feel some sort of attachment, but then I would divert my attention somewhere else or distract myself with different thoughts because I knew that there was no point in getting attached and having feelings for the baby. (Uma)

Reminding themselves of the non-belonging and the inevitability of the eventual separation was typically mentioned by the surrogates as an emotion-management technique. "Diverting one's attention" was another frequently mentioned technique, although this could be challenging during the long, uneventful days spent in surrogate accommodation. Most effective, apparently, was redirecting emotional energy towards one's own children, thus recalling the ethical motivation for becoming a surrogate, like Aisha described in the quote above ("I always thought about my kids, and I said to myself, that by giving away this one baby, I can get happiness for two of my own children"). According to some of the women, emotional bonds to the foetus and ambivalence related to the separation were also recurrent topics discussed at the surrogate house, the surrogates helping each other make sense of difficult and conflicting emotions.

Interestingly, such explicit work on emotions did not seem to be an important part of the clinic's regime for surrogates. Clinics in Mumbai seemed to put much less focus on psychological intervention and support (counselling, therapy) in order to modify surrogates' emotional responses to surrogacy than what has been described in the West. IPs and, sometimes, clinic personnel I talked to claimed that clinics provided "counselling" or "debriefings" to help surrogates manage their feelings towards the foetus to ensure an emotionally healthy surrogacy process. The surrogates hardly ever mentioned such counselling to us, and many, like Aisha, explicitly denied having received anything of the sort. More commonly, they would report that the doctors might have warned them on one or more occasions against getting attached to the foetus and provided some simple advice on how to avoid it.

(…) I did not prepare myself as such. But the doctors and nurses told me not to keep the baby in mind for a long time. They even tried to divert my attention, so that I did not get attached to the baby. They ask us to exercise, make us watch TV. (Namrata)

As Aisha's agent reportedly pointed out, managing emotions was presented to the potential surrogate as "part of the job" right at the time of entering the contract, and if ambivalence did occur in spite of this, the women felt they were expected to handle it on their own. The difference between Indian and Western practices in this matter may have many explanations,

with one of them being a differing cultural evaluation of, and familiarity with, therapeutic conversations ("talking about it") in the surrogate population. Clinic A employed a psychologist, whom I interviewed and was allowed to observe on five occasions in sessions with both pregnant surrogates and potential surrogates coming for enrolment. The psychologist told me she addressed "interpersonal things", attachment to and separation from the surrogate baby being among them. Unlike what one might expect from a psychologist session, I observed that most of the talking was done by Veena, the psychologist, herself. The surrogates were fairly taciturn, speaking only in short sentences in response to questions. Dr Veena informed me she would have multiple counselling sessions with all surrogates hired by the clinic. She did, however, comment that most of the surrogates, due to their social background, were unfamiliar with her profession and with counselling. "I am their first – and last – psychologist," she jokingly told me.[119] Judging from the surrogates' accounts, the sessions with the psychologist did not have much impact on their managing or interpretation of their own emotions, many of them had not even realised they had talked to a psychologist. In this situation psychological interventions might be a far less effective way of modifying emotions than other practices such as separation from home, hyper-medicalisation and abrupt separation.

"I Cannot Let Myself Break Down"

Saveetha was 29 years old, a former cook and mother of two living children and one deceased child. She was pregnant with her second surrogate baby when we met her for the first time. She stood out in my material in several ways. She was trusted with managing the surrogacy pregnancy herself to an exceptional degree, and she was also one of the few pregnant surrogates I was able to interview outside the clinic. Unlike most pregnant surrogates, she had control over her own time and movement. Apart from monthly check-ups, she had gone about her life as usual during both pregnancies.

Whenever I would visit the hospital, I would take home medicines to last me for a month. I have the numbers of the clinic and the doctor, in case of any emergency. But I never

[119] In our interview, Dr Veena suggested that her position and work at the clinic were somewhat excessive, as very little emotional distress occurred among the surrogates in her experience. Employing a psychologist was more a way to demonstrate a certain "human touch", she explained. It is hard not to interpret this as a signal, not aimed at the surrogates, but at potential and actual clients among the IPs, who would probably appreciate the idea more.

felt any discomfort to make many trips to the hospital. And if I faced any problem, then I would first call up the hospital and ask if there is any medicine which I could take for that particular problem. That would save my trip to the hospital. But I went every month for sonography. I could not have stayed at the clinic or surrogate house, because I just cannot leave my kids and my husband and remain separated.

Interestingly, Saveetha's description of her surrogacy pregnancy experience was unique. She claimed to have no sensation of being pregnant whatsoever. She did not experience the consensoriality of pregnancy described by many of the other surrogates at all.

When I was carrying my own children, I could feel I was pregnant. But with the surrogate babies, I do not feel like I'm pregnant. Now, I told you, I've completed 26 weeks, but I don't feel like I'm carrying a child. Whereas with my own pregnancies, in the third month itself, I could feel I was pregnant.

Unlike with her own three children, she had no problems sleeping or cravings for certain foods. The only sign of pregnancy she experienced were the movements of the baby. Her husband, too, kept forgetting that she was pregnant. Saveetha also told me that she had told herself not to harbour any feelings for the foetus, and that she trusted herself entirely with controlling her feelings. When I suggested that the physical non-recognition of the pregnancy might have been related to the determination not to get emotionally involved, she found the link plausible.

That could be. Because I know I don't have to get myself attached to the baby, so that's why probably I feel I'm not pregnant.

Saveetha was subjected to the surrogate regime to a much more limited degree than other surrogates, leaving her with more freedom to define and put into practice the relationship to the foetus on her own. At the same time, she was to a greater extent left alone with the task of making sense of the process. Saveetha thus saw the need to perform ethical work on her own in order to distinguish the surrogacy pregnancy from other pregnancies and manage her own feelings. This was, as we have seen, also the case with surrogates who were more closely controlled, who "diverted their attention" or reminded themselves of their own children, but it became especially striking in Saveetha's case, most notably, in how her experience of non-intimacy with the foetus was so extreme. She literarily *felt nothing*. Shutting off completely might have been the most efficient way of producing the necessary distance from the foetus in the eyes of Saveetha.

Saveetha regarded herself as unique. At one point during our first interview she exclaimed, "You must find me so different from the other ladies!" Somewhat taken by surprise, I confirmed this. But while Saveetha saw herself as different in terms of being traditional (she proudly declared that she never wore other clothing than saris nor sought the attention of boys as a young girl, practices that had earned her the nickname "the Antique Piece" in the neighbourhood), I was struck by the opposite – how much more than the other surrogates she resembled the neoliberal projection of the surrogate as an autonomous rational market actor. She herself emphasised her pride, her fearlessness and ability to rationalise, quite different from the more common portrayal of oneself as "desperate" and submissive. Unlike most of the other surrogates, Saveetha was not afraid to be identified as a surrogate, and there was little secrecy attached to her surrogacy pregnancies. She even asked me to use her real name in my publications, and invited me to her home upon our very first meeting, which was unusual among the surrogate participants. Saveetha had also told me about her baby daughter, who had Down's syndrome and passed away when only a year old, claiming she did not grieve over the death of her daughter. This was because she felt a disabled girl would live a whole life highly exposed to "the passion of men". Dying was for the girl's own good, Saveetha claimed. The lack of sentimentality in this account appeared very much in line with the way Saveetha talked about her surrogacy pregnancies, and contrasted with the way most of the other women portrayed their lives, where suffering and their own helplessness in the face of hardships often played a major role in constructing them as moral subjects. Saveetha, on the other hand, described herself as "strong enough", "not dependent on others". She also expressed a slight contempt for surrogates who mourned the loss of the surrogate baby, "No one has forced us to do surrogacy. So there is no reason for them to cry."

Saveetha coped with surrogate motherhood by compartmentalising surrogacy pregnancy from the rest of her emotional life. However, continuous work on herself was required to sustain this. Again sensory contact was a key factor. Not only did Saveetha repress the consensoriality of pregnancy, she also saw "not seeing the baby" as imperative and essential. She feared that if she saw the baby, she would feel it belonged to her after all.

S: But I did not [see the baby's face]. If I feel that it is my child, and they are taking it away, I will feel more sad. And there is no way I could ask them to give me the baby.

K: You think that seeing the baby's face would change… Would that sort of take away the control that you tell us you have over yourself?

S: Yes, if for even a second I look at the child, then all that control I've told you about would be lost.

K: Really?

S: I cannot let myself break down.

Saveetha had a C-section some months later, and reported that separation from the baby went according to her plan when Nausheen interviewed her some weeks after my own departure from Mumbai. She never saw the baby, and felt "nothing", neither relief nor sadness after delivery: "I just wanted them to pay me the money, so I could leave and go back home." Despite being disappointed by the payment, which was INR 75 000 rupees less than she expected, Saveetha was determined to be a surrogate again, only this time she would shop around until she found the highest-bidding clinic. Saveetha would use her new knowledge to improve her market strategies, again very much like the ideal neoliberal, rational and strategic subject.

"They Know I Will Give the Baby Away"

As discussed above, the notion of the foetus as fundamentally different and alien would often conflict with bodily experiences of consensoriality. A sense of sameness, conflicting with the notion of the medical baby as fundamentally different, also played a part. Although the medical baby differed from the surrogate's own children, it was similar enough to make a constant comparison relevant, reflected in many of the quotes from surrogates in this chapter, which created ambivalence. In the case of 26-year-old Saroj the ambivalence had developed into regret. When we interviewed her, she was seven months pregnant and displaying a considerable degree of distress. She was sitting on the small bed in the room where most of our interviews were conducted, her two-year-old playing around her. The baby bump was clearly visible under her clothes. Saroj denied that the surrogacy pregnancy was very different from her previous pregnancy. "It is the same," she told us. Talking about her relation to the foetus, she said, "I feel the baby is mine, I feel it move, I care for it. Whatever I eat, it goes to the baby. What I say, what I feel, it all affects the baby."

About her initial motivation, discussed in Chapter 3, Saroj underlined that she was convinced to do surrogacy only after realising that the baby was "made through medicines" and was therefore "not hers". However, as the pregnancy progressed she did not really experience that

she was carrying a medical baby. She herself, not "medicine", cared for it, nourished it and even her feelings and speech, i.e. her subjectivity, was related to the foetus somehow. Saroj was one of a very few surrogates in my sample who had not been separated from her everyday life during the surrogate pregnancy (Saveetha being another).[120] She had left her usual neighbourhood to hide the pregnancy from her parents-in-law, but simply moved with her husband and daughter to a rented flat in a different suburb. They led a family life there very similar to Saroj's previous pregnancy. Saroj's husband was also the only husband who was reported to develop attachment to the foetus. Nurturing the foetus and the pregnant body was presented as a joint project between the spouses, e.g. the husband attended to Saroj's cravings and he caressed the baby bump. "He cares for me just as much. He takes me out to eat and drink, and for walks. He also thinks of this baby as his own." According to Saroj, her little daughter was also interested in the baby.

During our meeting Saroj expressed dreading the day of delivery and separation from the surrogate baby. Compounding her distress was the fact that the clinic was late on her payment instalments. Accounting for the loss of the monthly salary from the job she left to be a surrogate, combined with the extra expenses for the separate home, the way Saroj saw it she was actually paying to be a surrogate instead of getting paid. Furthermore, Saroj had no information on the Intended Parents of the baby she was carrying, which also caused her unease: "I would very much like to meet them, to know where the baby is going. And to feel that they value me, that they care about how I am. I am after all carrying their baby." Knowing the IPs would also make her feel better about the inevitable relinquishing of the baby, Saroj claimed, but she did not know whether or not she would meet them at all.

When we talked to Saroj by telephone some days prior to her expected delivery, none of her worries had been resolved; she had not been paid or met the parents and she still dreaded giving up the baby. However attached she was to the foetus, Saroj did not fear she would be unable to relinquish the baby, as she knew she would have "no choice". When we asked if she believed clinic doctors worried about her willingness to give up the child, she answered:

[120] This privilege may have to do with Saroj's middle-class standing. Saroj had graduated high school and held a middle-class job before acting as a surrogate, but entered surrogacy to resolve the debt crisis Saroj and her husband were in at the time.

Doctors feel that I have already signed the contract, and they now have my signature over that document. So on the basis of that, if I don't give the baby, then they could file a police complaint, and tell my family. So they know I will give the baby away.

Against the overwhelming power of the doctors, her own conflicting emotions would not make much difference, the way Saroj perceived it. I believe Saroj's case illustrates one of the main points I have made in this chapter, namely that the production of the medical baby as a different kind of foetus was assisted and enforced by the practices of the surrogate regime, especially displacement from home and separation from families and payment instalments during pregnancy.

In addition, Saroj´s case along with several other examples described above substantiate that contrary to the claim of the Clinic A psychologist and the belief of many IPs, many surrogates did indeed experience emotional challenges. I believe part of the reason these challenges went unnoticed by IPs and were addressed to such a limited degree by the surrogate regime was that they did not pose a genuine threat to a successful surrogacy arrangement. Surveillance practices made the risk of a surrogate running off prior to delivery quite low. Routines for delivery and separation virtually eliminated the risk of a surrogate refusing to relinquish the newborn as she never possessed the child after delivery.

The regime's insistence on applying practices that are experienced as very hard and taxing (e.g. separation from kids, painful injections) also suggests a quite firm conviction among clinic doctors that discomfort and emotional hardship experienced by the surrogate would not have a negative effect on the foetus, reflecting a strongly dualistic view of the surrogate as a person, separating the body (where the pregnancy was believed to take place) from "the rest", where emotions seem to be located. Hence, emotional distress on the part of the surrogate seemed to be perceived a less serious threat to the foetus than e.g. housework and suboptimal nutrition. Therefore, "good care" for surrogates, rather than being the holistic project imagined by the IPs, was guided by an isolation of the pregnancy from the pregnant person. In line with this, surrogates would sometimes claim the clinics simply did not care about the surrogates, as long as the baby came out healthy and they got their profit, i.e. that surrogates

were mere means for them to achieve other ends (remember Dr Nazreen's metaphor of the tree and the fruit).[121]

However, the clinics were well aware that most IPs expected "good care" for the surrogates to include making sure she was not emotionally harmed by the process. Controlling one's emotions was part of the surrogate's job, and the brunt of emotional damage was usually borne by the surrogate herself. However painful it was for the surrogate herself, emotional distress did not pose a big problem for the clinics. I did, however, come across one interesting exception to this general rule, providing an example of measures taken when the surrogate regime failed to produce consent.

"She Was Normal When We Enrolled Her"

It is afternoon on my first day at the clinic. I am sitting beside Dr Nazreen at her desk when she receives a phone call. After hearing a short message she gets up and shouts something to her colleagues, then leaves her desk and stays away for a long time. When she returns she tells me that one of the surrogates, the one she pointed out as having "emotional problems", has stepped out from the surrogate house without permission and that they are very worried. A few hours later the missing surrogate is located, brought back to the clinic and severely reprimanded. Over the days to come, this same surrogate displays signs of quite serious mental problems. She keeps "misbehaving", i.e. failing to meet the requirements of the clinic, doing bizarre and possibly harmful things to herself in addition, and upsetting both the clinic staff and the other surrogates. In response, the clinic increases its control, confiscating the woman's mobile phone and wallet. Furthermore, she is subjected to frequent scolding from the doctors, sister and fellow surrogates. After a few days without improvement, she is put on medication prescribed by a psychiatrist, which seems to make her better. On several occasions this woman expresses her wish to discontinue the surrogacy pregnancy. Dr Nazreen explains to me, "This is very challenging for us. She is 20 weeks pregnant; it is too late for an abortion and too early to induce a birth. It is difficult, these women are from very poor families and some of them have been through a lot." I ask her if she thinks this woman is seriously

[121] The fact that surrogates received very little medical care after finalising the contract was sometimes mentioned as an argument supporting this case.

depressed. Nazreen does not quite understand. “Does she have a depression?” I ask. “Yeah, she has psychological problems. We did not detect them when she was enrolled. She was normal then.”

This stage of my fieldwork at the clinic was gradually phased out over the next few days and I never saw the surrogate in question again. When I returned to Mumbai months later for the second stage of fieldwork, I heard rumours of a “mad surrogate” with the same name as the woman I met at the clinic. This woman had allegedly been hospitalised and kept under continuous surveillance for weeks to keep her from running away or hurting herself. According to the rumours, she had eventually given birth to a healthy baby and left Mumbai immediately, presumably returning to the village from which she had travelled to enrol as a surrogate.

This case sheds light on the interplay between different forms of power within the surrogate regime. This case, along with less dramatic examples given throughout the chapter, illustrates the degree to which the surrogate regime was one in which consent is “armored with coercion” (Smith, 2004), i.e. how a failure to consent would be met with considerable coercive force. Whenever an individual surrogate no longer complied with requirements, the level of force employed seemed to increase, from threats of financial penalties to physical detention and isolation as exemplified in the case above.

However, the case also reveals a number of problems and risks related to commercial surrogacy in India I became aware of over the course of my fieldwork: the health risks surrogates are exposed to, the fallibility of “screening routines” for surrogates, trivial and less trivial breaches of confidentiality and patient integrity, to mention a few. Furthermore, it fully brings to light one basic dilemma of all surrogacy: what to do when the parties’ respective interests diverge beyond resolution? Although my main concern here was on how power played out, I do of course acknowledge that this case was a true predicament for the clinic, for which no ideal solution could be found.

"The Clinic Would not Understand"

I have argued that accommodating the medical baby meant submitting to new practices and maintaining non-belonging and detachment vis-à-vis the foetus in order to smoothly hand over a healthy baby at the end of the pregnancy. Most surrogates, most of the time, performed this task with success, in the sense that most of them – with remarkably few exceptions – lived, ate and took medicines as they were asked, regarding their submission as required by the medical baby's special nature, even in the cases where requirements were experienced as harmful to the surrogate herself or to her family. Resistance was at times put up in the cases where clinics' decisions seemed too much in conflict with the surrogate's own well-being or that of her family, as we saw in the cases of Leela, for example, or the ill surrogate. In some cases, surrogates were able to overturn decisions made, at other times they would give in. And although complaints about unfair treatment at the hands of the clinics were quite frequent, the women rarely objected to the idea of submitting to the orders of the doctors.

Accommodating the medical baby was mostly presented, perceived and experienced as a joint project between the surrogate and the clinic. Although most of the time, as we have seen, this proceeded without too much friction, surrogate experiences were full of contradictions, dilemmas and paradoxes, which complicates viewing the pregnancy as accommodating a medical baby. What can be termed a subjective investment of the surrogate, both in the form of suffering and in care for the foetus and even its Intended Parents, remained largely unaddressed.

Thus, despite its consent-producing power, the medical baby was not accepted as a totalising "truth", nor did it function as a form of "false consciousness", blinding the surrogates to the workings of power. Rather, it was continuously negotiated, questioned and contradicted. This is exemplified in the following excerpt from a discussion between Nisha and Lata about the surrogate regime:

Nisha: The clinic probably wants that the surrogate baby grows in a culture that is close to its parents'. That is why they don't allow us to stay at home. But till the time the kid is in the womb, it is the surrogate herself who is looking after the baby. Only when the kid is finally out, the clients become the parents of the child. So whatever we eat, drink or whether we laugh or cry, that will have an impact on the baby. The clinic cannot control all of this by keeping us away from our home and our family. But the clinic would not understand this.

Lata: They only look after us while we are carrying the baby. Once that is done, they are not bothered about us.

N: They should know that by having control of the surrogate's movements and her whereabouts, they cannot have control over the development of the baby. They don't realise the fact that when the mother is not feeling fine or if she is tensed, then that does have an impact on the baby.

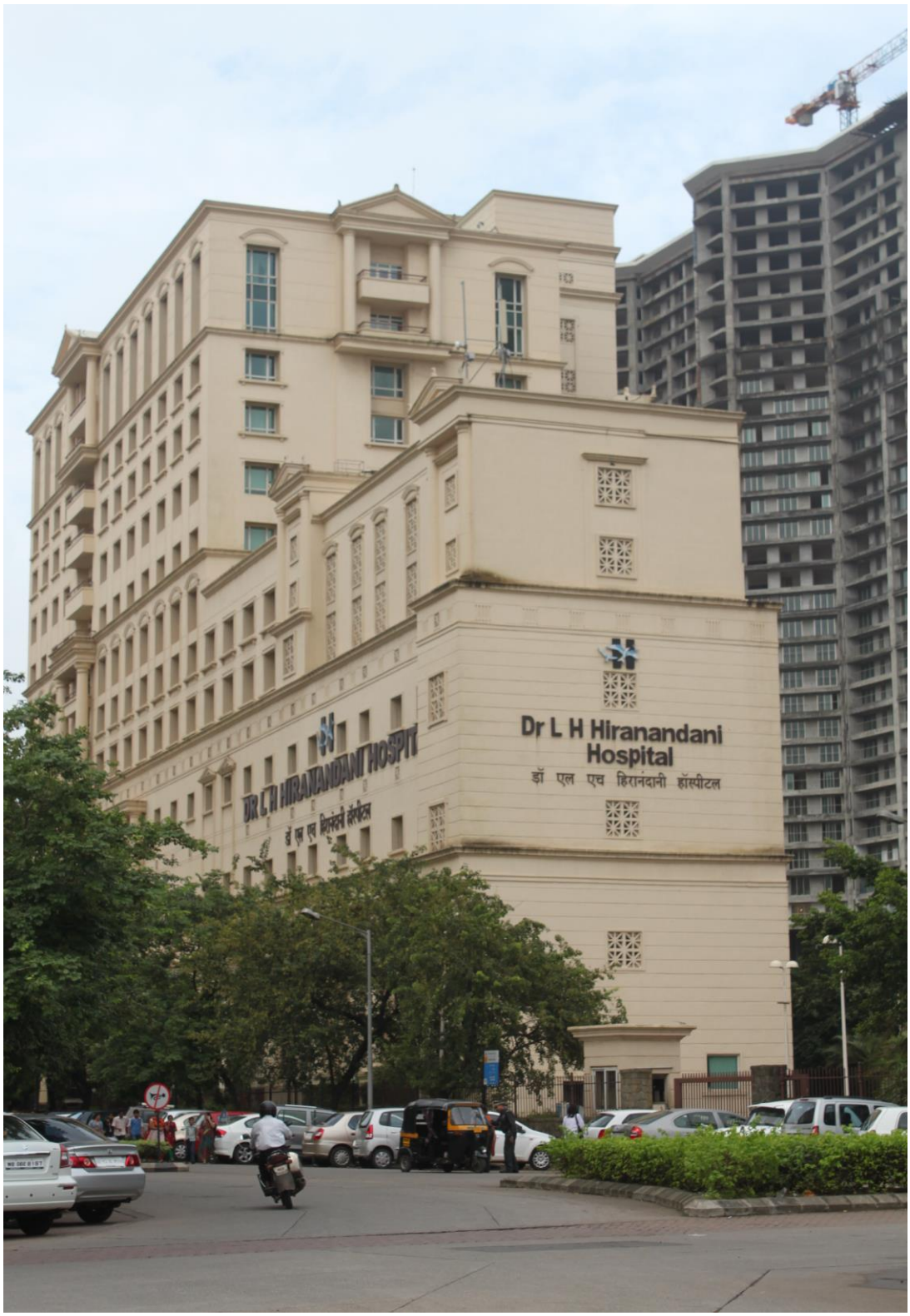
Inspired by the aforementioned documentary we had recently watched together, which explored problems associated with conditions and terms for surrogates (Sharma, 2012) , and building on months of conversations about surrogacy in which Nausheen and I encouraged, provoked and supported reflection upon and articulation of their experiences, Lata and Nisha articulated a critique of the notion of the medical baby and its assumed implications. They questioned the construction of their surrogate bodies as meaningless and identityless reproductive space, the production of distance between the foetus and the surrogate's embodied self and a reduction of the surrogate to a mere instrument which loses its value as soon as it's no longer in use. Nisha and Lata clearly demonstrated that their subordination to the regime was not an instance of "false consciousness". Although consenting to the practices, they definitely had a sense of how power worked in favour of other actors than themselves and, as such, a more nuanced understanding of the social processes involved than the one implied by the biomedicalised notion of the foetus and image of surrogacy as a win-win arrangement in a free market.

Conclusion

In this chapter I have discussed how a biomedicalised notion of an essentially different kind of foetus contributed to motivating and making sense of surrogacy pregnancy and the clinics' regime, and to a particular relation between the surrogate and the foetus, characterised by non-belonging and detachment. However, I have argued that emotional experiences of surrogate motherhood were largely left unaddressed by the clinics. I have explored some examples of surrogates' work on themselves aimed at managing and making meaning of such experiences, arguing that surrogates produced contesting understandings of their own roles and contributions.

Dismissing a portrayal of the surrogates as passive victims, I find that excessively celebrating their resistance would be equally impertinent. Although questioning the biomedicalised

notion of the medical baby and its projected social implications, ultimately power worked in the sense that it motivated surrogates to do what the regime requested of them. Moreover, the surrogates' contesting views remained unheard and unaccounted for. Their alternative understandings were neither coherent nor organised enough to challenge the dominating understandings in effective ways, and thus remained what Gramsci would call subaltern. The surrogates failed to "produce coherent accounts of the world they live in that have the potential to challenge the existing hegemonic account" to put it in Crehan's terms (2002:104). This effect became even more striking in the aftermath of the surrogacy transaction, which is the phase of the process I shall proceed to in the next two chapters.



Hiranandani hospital in Powai, where most surrogate deliveries in Mumbai took place.

Chapter 6: “No Exact Mother”. Kinship Implications of Gestational Surrogacy

Prologue: A Fresh Start? – The Making and Unmaking of Relations

Peter and Carl have been in Mumbai for almost three weeks, impatiently awaiting the birth of their second child. The surrogate, Aalia, has been hospitalised for days, in anticipation of the imminent delivery. Then, a Friday afternoon, they finally get the call from the hospital: “Come fast, the baby is about to be born!” After days of labour without progress, a caesarean has been ordered. The couple, their toddler son and Peter’s mother hurry out of their hotel apartment into a taxi to be there in time. Peter, who generously has kept me updated on the progress almost hour by hour, messages me: “Meet us in the hospital lobby if you like.” I, too, feeling my heartbeat rise, hastily leave Lata’s house, where I have spent the afternoon baking Norwegian cookies with Lata’s kids, Diviya, Avinash and some of their cousins. I head for the hospital.

Half an hour later we are all standing in the spacious stairway landing off the corridor outside the operation theatre at Hiranandani Hospital. The fathers-to-be do not want to be in the adjacent waiting room, they wish to be able to catch any sign of action through the windowed doors. A slender Indian man around 30 seems drawn to do the same, standing close to the doors, staring in, moving nervously. “I think that is her husband,” Carl whispers to me. I ask if they consider talking to him. They do not feel like it.

Another half hour passes – no action. Meanwhile we chat, joke and tell stories. We gossip about a Western man in the waiting room who is also obviously an IP waiting for his baby, speculating where he is from. Peter and Carl are relaxed and playful as always, seemingly unmarked by the fact that a child of theirs is in fact about to be born in a room nearby. Then, Peter is called to enter the corridor and be ready. We all follow, and two fathers, a big brother, a grandmother and an anthropologist are lining up outside the operation theatre.

After a minute or two the door opens. A nurse comes out with a bundle wrapped in a green cloth. She hands the bundle to Carl. The other father, the big brother and the grandmother move in close to look at the new little person who just recently was inside another person. (I

have been handed the big camera and asked to do the job of documenting the event in photos). There are plenty of smiles, no tears. Only after a few minutes does Carl ask, "Is it a girl?" The reply is affirmative; it is a girl. Peter takes the baby for a little while. A person holding documents and a pen asks the child's name. Peter spells it without hesitation. It was decided months ago after a midwife back home had taken a look at the ultrasound pictures putting her bet on the baby being a girl. The nurse signals it is time to return the baby to the hospital staff for bathing and weighing. Peter, the genetic father, is asked to go and complete the paperwork. The rest of the family goes upstairs to the hospital hotel suite to wait for their newest member to join them.

The hospital considers Peter to be a single father and the sole parent to the newborn. Consequently, he is the one who has to stay with Sophia for the 72 hours required by the hospital. Carl goes back to the hotel with his mother-in-law and eldest child, and they all drop in for daily visits at the hospital. In the days that follow, doctors and nurses closely monitor not only the baby, but also how the father cares for her, generously providing unsolicited advice and mildly overruling his parental judgment. Like so many of the IPs I talk to, Peter is relieved when he is finally "released" and exclusively in charge of his baby.

When they ask about the surrogate, the new fathers are merely told, "she is ok." So that remains all we know for now. Any other information is strictly protected by patient confidentiality. As her contract with Peter has been fulfilled, they have no right to know. Peter and Carl imagine she is relieved and hope she is not too tired after the marathon delivery.
***

"Will you hold Sophia for me, please," Peter asks me. Two and a half weeks have passed. We are at the consulate, in the conference room. The consulate secretary has handed Peter a pile of papers to sign, and he needs his arms for the work. I take the baby and look quickly at Aalia, the woman who gave birth to her, seated across the large table. This is the first time she sees Sophia, and I am curious about how she feels about it. She watches me cradling the baby, gives me a shy smile and looks away, a gesture she repeats numerous times throughout the meeting. Aalia sits between her husband and the clinic agent, who speaks a little English and readily answers questions on Aalia's behalf. Carl is outside with big brother Lucas, feeding him and keeping him from disturbing the meeting. The atmosphere feels neutral, with

little of the emotional tension I sensed when I accompanied John and George to their meeting some months previously. Peter is his usual energetic, cheerful self until it becomes clear that some crucial document from Aalia and her husband is missing. I can tell Peter is doing his best not to display his annoyance; he holds the clinic responsible and does not want to upset Aalia. Yet Aalia and her husband clearly become nervous, glancing at him to judge whether he is angry with them or not.

It is time for the consulate's standard interview with the surrogate, intended to ensure that the procedure has been fair and non-harmful for her. Aalia is asked a number of questions, among them about her motives for entering the arrangement, whether or not she has been paid the whole amount stated in the contract, her plans for the money and whether or not she is motivated to do surrogacy again. Aalia gives her answers in Hindi, with the whole party present: Peter, her husband, the agent, Nausheen and me. Now and then she looks at the agent before responding. The agent encourages her just to answer the questions. When it is over, Aalia looks relieved. The consulate staffer translates her answers into English: "She needed the money, the whole amount has been paid, and she will spend it on a house. She does not wish engage in surrogacy again."

Formalities completed, it is time for gifts. Peter hands them over. Cash in an envelope, toys for Aalia's children and some dress material, so that her husband who, Peter has been told, is a tailor can make her some nice clothes. Peter has also included a generous payment for the tailoring job. Both Aalia and her husband thank him cordially. The agent joins in, declaring they are very nice gifts. The agent speaks a little more, telling us all she is so happy to see Aalia so well after all the hardships of the pregnancy and that she, the agent, has seen her through all of it and even now, after delivery, is looking after her. Peter does not pick up on this obvious solicitation of a tip, but just smiles and nods. Instead he gives Aalia his contact details back home, in case she for some reason needs to talk to him. I know he does this to give her a direct channel for possible complaints, in case the clinic cannot be trusted after all.

The meeting is over and we all walk to the front room, where Carl and Lucas are still waiting. Polite goodbyes are exchanged before the parties leave the consulate, never to talk to each other again according to the plan. In the taxi back to the hotel we chat about the meeting. Carl and Peter are happy, relieved. They are quite convinced that Aalia, too, wishes to

terminate the relation. This they base on her signals at the meeting, especially what they interpret as her moderate interest in Sophia. "There weren't exactly many longing glances and tears," they conclude, with sarcastic reference to a recent newspaper article in their home country on surrogacy in India, in which these terms were used in a sentimental account of a surrogate's first and last meeting with the surrogate baby.

Peter and Carl return to their hotel to wait some more, this time for Sophia's passport and exit visa to be issued in order for them to move on and have "a fresh start when we get home" as Carl has put it. A fresh start for the four who were meant to be family – the two fathers and the children they have had.

Introduction

The complex relationality of transnational commercial surrogacy as a method of procreation provides a highly interesting case for studying the flexibility and boundaries of contemporary ideas of kinship. To a much larger extent than with "natural" procreation, relations were subject to very explicit negotiation: who has kinship bonds to the child and who does not? What constitutes parental bonds and what does not? Issues of kinship and relatedness have been explored in work on surrogacy in different contexts (Berend, 2016; Birenbaum-Carmeli, 2007; Birenbaum-Carmeli & Carmeli, 2010; Dempsey, 2013; Ragoné, 1994, 1996; D. Riggs, 2015; Teman, 2010). In several studies from India it has been noted that the privileging of biogenetic connections lies at the heart of the exchange, providing a basis for the construction of kinship bonds, parental rights and citizenship (Deomampo, 2015; Pande, 2009a, 2014; Vora, 2015).

In this chapter I wish to contribute to this discussion a close and comparative account of how IPs and surrogates respectively understood kinship implications of the surrogacy arrangement in which they had taken part. I will explore the role that notions of "nature" were given in the production of both ontologies and relational ethics, i.e. which connections were seen as negotiable and which were not. To what degree were different forms of parental bonds understood as pertaining to different ontologies nature vs. culture, given vs. acquired? I will demonstrate that the IPs' understandings somehow conflicted with those of the surrogates, in the sense that surrogates in general saw themselves as having an enduring bond with the child to a larger degree than did the IPs. Such a conflict of understandings, however, generally

resulted in no friction. In the following, I will discuss this paradox with reference to the power imbalance and unequal distribution of the right to define the world, producing a hierarchy of understandings of kinship.

Kinship and the "Natural"

Ideas about "the natural" lay at the heart of the matter – as they often do when kinship is on the agenda – when IPs and surrogates produced understandings of parental relations, appealing to and challenging notions of relationality "given by nature". With the emergence of ART, new interest has arisen, and new issues have been introduced, in kinship studies. The meaning of biological forms of kinship and the relationship between these and non-biological forms has been a major focus in anthropological kinship studies since the pioneers of the theory of descent groups (Evans-Pritchard, 1940), through Levi-Strauss's structuralist interest in kinship as alliance (Lévi-Strauss, 1969 [1949]) and up until Schneider's mapping of American kinship as a cultural system (Schneider, 1968). Schneider argued that sexual intercourse was the core symbol of kinship, and that the kinship system consisted of two dominant orders: nature/substance on the one hand, and law/code on the other. Marriage was then the symbolic link between the two orders. In later work, however, Schneider argued that sexual procreation as central to anthropological definitions of kinship was a Euro-American folk belief that had been imported into anthropological analyses, leading him to the conclusion that there was no such thing as kinship as a universal category (Schneider, 1984), echoing the claim already made by Needham (1971). Schneider's work has inspired continued anthropological interest in kinship beyond lineages and group organisation, in particular related to gender, body and personhood (Carsten, 2000; Strathern, 1992). The role of nature and biology both in folk versions of kinship and in anthropological analysis remained a focus of interest. In the hugely influential anthology *Cultures of relatedness* (Carsten, 2000), the contributors suggest the concept *relatedness* to open the analysis to indigenous idioms of close relations in daily life instead of pre-given definitions of what kinship is about. By investigating how *idioms of relatedness* are understood, evaluated and practised by people in different contexts, this aims to move away from pre-given analytic opposition between the biological and the social on which much anthropological study of kinship has rested. Such idioms can be seen as part of "biology" or "nature" as in a notion of shared substances, or they may be seen as belonging to the social realm. The main point argued however, which

inspires my analysis, is that creating kinship is a process in which different idioms are employed creatively and dynamically.

The obvious weakness of the concept of relatedness, as acknowledged by Carsten herself, is its vague boundaries. Used in too restricted a sense it entails the same problems as "kinship". In a more general sense that encompasses other social relations, it runs the risk of becoming too broad and thus analytically empty. While Carsten offers no solution as to what distinguishes kin relations from other human relations, Sahlins (2012) may do so in his formulation, "mutuality of being". Sahlins argues that the very same quality applies as much to kinship constructed socially as that constituted by procreation ("biology"), namely the sense of "participating in one another's life" (ibid:29). Sahlins strongly objects to the common idea that non-biogenetic kinship relations constructed through, for example, adoption or name sharing are "metaphors" of kinship or "fictive kinship", theoretically privileging biogenetic kinship as the "real" form of kinship. He lists several reasons for this: firstly, biogenetic kinship relations, too, are encompassed in meaningful determination of mutuality of being. Furthermore, postnatal relationships may take priority over relations of procreation and that all kinship relations are culturally variable. Finally, he argues that "the relations of birth reflexes the greater kinship order and are incorporated into that order" (ibid:65).

This last point is of particular interest in my context, as the dynamic and creative negotiations of parental bonds in my field so clearly, although not always explicitly, address such orders. As Sahlins points out, this is the case for all kinship ideologies. He suggests that "Kinship is the a priori of birth rather than the sequitur" (ibid.:68). In other words, all kinship has to be constructed, including the ones we are used to thinking as "following from birth". How birth is believed to create kin relations is culturally variable, rather than following from the facts of human biology and sexual reproduction. In order to capture both the flexibility and the limits of the participants negotiating such a relation, my analysis has been inspired by Sahlins' insight that our understandings of birth – or procreation – follow from the social order that is kinship, rather than the other way around, i.e. kinship relations follow from procreation. My analysis has as its starting point that "birth" is a metaphor for pre-existing social relations. Thus, rather than examining how relations were negotiated with reference to procreation, I will explore how procreation and its different elements – genes, gestation and "intent" – were negotiated in a form of what Thompson (2005) calls "strategic naturalisation". Relative to the

IPs, this meant that different procreative contributions were emphasised and assigned importance and moral meaning in ways that corresponded with the particular family project at hand. The surrogates, I argue, negotiated a somewhat less strategic and more ambiguous notion of such relationality, arguing both non-belonging and an enduring moral bond between themselves and the surrogate child.

The IPs: "We Are the Parents!"

Perhaps somewhat paradoxically at first sight, given the widespread downplaying of the meaning of biogenetics for a child to be one's "own" discussed in Chapter 2, biogenetic connections were given a leading role in the IPs' view of surrogacy relationality. This resonates with what Pande found in her study on surrogacy in North India (Pande, 2009a) and what has also been argued by Vora (2015). A biogenetic connection was perceived to constitute an indisputable and immutable bond, pertaining to a different moral order than other bonds, although it might not always imply a relation.

As I will show below, this was activated in its most unproblematised form when IPs understood gestation to be a procreative contribution without kinship implications. Above all, it was reflected in how unproblematic and simple kinship appeared to be for heterosexual couples using their own gametes. For them, constructing the child as their "own" (Melhuus, 2012) usually started and ended with pointing out the biogenetic bond, constructed as exclusive parenthood given by nature: one mother, one father, i.e. very similar to "natural procreation". Sarah and Mark exemplified this. In our interview, they repeatedly complained about people's ignorance about gestational surrogacy, i.e. that others did not realise that the surrogate "was not the mother" and that it was the 'parents' *own* child". When I asked what they meant by this they were a bit puzzled by my question, before they explained that they referred to genetic parenthood. For them, it went without saying that "facts" of kinship were produced by genes. Correspondingly, they reacted with indignation when this "given-by-nature" bond was questioned. For example, according to law in their home country, the surrogate was the mother to their twins because she had given birth, and this was reflected in all their communication with authorities.

In the letters that we get, it is the same. I am not the mother. [Mark] is the father, and she – the one down there – she is… Until the adoption is processed, that is. As per now, I am… I am just someone who looks after them.

"The one down there" is seen as mother, while the genetic mother is reduced to "just someone who looks after" the children. Sarah's choice of words reflected how obviously unreasonable she found this to be. In her own view, Sarah was clearly the mother, and the surrogate clearly non-mother. The same unproblematised privileging of genes over gestation was expressed in Mark's understanding of "origin". He felt gestational surrogacy was less messy than adoption because surrogacy would not confuse the child's sense of "origin". About his children's relation to the surrogate, he said:

> *There is no family tie as such. (…) Adopted children must have a whole different urge… To find their origin. [In the case of our children] their origin is us.*

In Sarah and Mark's view, the genetic parents were their "origin"; the use of a surrogate did not interfere with this.

Melhuus (2012) notes that in terms of a child being one's «own», IVF conception has come equated with «natural procreation», in the sense that it is perceived to create unambiguous and symmetric relatedness to both parents. I argue that a similar process was taking place with the heterosexual IPs providing their own eggs. Denaturalising gestation as constitutive for kinship, privileging the genetic connection, gestational surrogacy was rendered essentially the same as sexual procreation in terms of kinship relations produced. This resonates with a widely made observation among anthropologists that biogenetic connectedness has been given resurgent emphasis in the understanding of kinship in the Western world, both in political and popular discourse (Edwards & Salazar, 2009; Franklin & Ragoné, 1998; Howell, 2006; Melhuus, 2012; Melhuus & Howell, 2009; Strathern, 1999) This tendency has been related to a cultural development identified as "genetisation" (Franklin, 1997; Nelkin & Lindee, 1995) or "gene-centrism" (Pálsson, 2007), attributing an increasing importance and value to genes in terms of identity more generally.

Although IPs attributed a varied value and significance to biogenetic connections, such bonds were in fact understood as the only kinship bond *given by nature*, i.e. the only form of shared substance and biological transmitter of identity. Most would use *biological* and *genetic* interchangeably when talking about maternity ("the surrogate is not the biological mother"), implying the provider of the egg is the only biological mother.

Martha, married to Axel and the biogenetic mother of their child born by a surrogate, exemplifies how gestation as a kinship bond was denaturalised along with the privileging of the biogenetic bond. Martha was somewhat indignant about having to adopt in order to become the legal mother of who she emphatically referred to as "her own child"[122]:

I have adopted now, so I am officially the mother. But still it is… She will always be behind, below somewhere, as the biological mother. Even though I am the biological mother. So her name there, it is wrong. And it annoys me a little, that I couldn't just take a DNA [test].

"It is wrong", about this Martha had no doubt whatsoever. According to her, she was, by virtue of genetic connection, the biological mother, the social and now also legal mother, i.e. the *only* mother. Why request adoption when this relation was "given by nature" and could have been established through a DNA test? Martha saw no reason for keeping the surrogate's name in her child's archives, and certainly not as "biological mother". In Martha's view, the surrogate was not, and had never been, the biological mother.

Gestation was denaturalised, removed from the realm of "biological" kinship. Vora (2009) notes how an Indian surrogate's uterus is constructed as an impersonal and passive *void.* Similarly, the IPs in my study seemed to assume that gestation was time and space without identity. Illustrating this, some IPs dreamed of replacing the surrogate with an artificial uterus to circumvent the ethical challenges of involving a person. In addition, it was generally taken for granted that characteristics or identity could not be transmitted through pregnancy, and that the result, i.e. the development of the foetus, would be identical from any healthy surrogate, its distinctiveness residing in the genes. This understanding of pregnancy in some way echoes Carol Delaney's (1987) classic description of procreative beliefs in the Mediterranean region, in which the sperm – or seed – of the father is attributed procreative power and agency, whereas the maternal contribution to procreation is merely providing a passive field of soil in which the seed can develop. The seed alone determines the produce; the field provides no identity[123].

[122] See Deomampo (2015) for an elaborate discussion on how legal processes for commissioning parents in India raise challenges and dilemmas with regard to issues such as kinship, motherhood and citizenship.

[123] Dube (2001) provides a very similar account for the case of Indian kinship beliefs, to which I will return below.

While the IPs certainly acknowledged that identity is transmitted through female contribution to procreation, such agency was attributed solely to the egg. Although biological substances, such as blood and hormones, were shared throughout pregnancy, these substances were not seen as transmitting anything that would last beyond the temporal extension of the pregnancy. This sharply contrasted to the notion of genes, seen as having a lifelong and fundamental importance for individual identity and relationality. This temporality constituted a crucial difference in relational implications: while the genes live on, binding those who share them notwithstanding social relations, the bodily bond of a pregnancy is severed at birth.

The Decision that Procreates. Intent vs. Biogenetics

What I have argued so far by no means implies that a biogenetic contribution to procreation was seen to unambiguously constitute a relation. Rather, it seems such a contribution was naturalised as a parental bond "given by nature" when biogenetic connections coincided with social relations, i.e. when the provider of the gamete was meant to be a parent. When a provider of gametes was not meant to be a parent, the naturalness of biogenetic connections was questioned and its importance negotiated against what I refer to as *intent*, a procreative contribution usually constructed as more important than biogenetic connections.

Intent as a crucial factor for parenthood in surrogacy arrangements was coined by Ragoné (1994, 1996) as "conception of the heart". Both the surrogates and commissioning parents studied by Ragoné underlined that the latters' desire for and intent to procreate a child constituted a more important bond than both gestation and biogenetic bonds (most of the cases studied by Ragoné involved traditional surrogacy, meaning that the surrogate was also biogenetic mother). However, Ragoné observed that the meaning of biogenetic relatedness did not essentially change by these negotiations. Two decades later, Berend (2016) found "a consistent move away from genetics toward a prioritization of desire, choice, and love in defining parenthood, family and relationships" (3) in the online discussion forums about surrogacy that she has studied for more than a decade. As this section will show, what I found was that prioritisation between biogenetic connections and other forms of connections was less consistent.

Carl gave an especially elaborate account of such a complex relationship between connections perceived as "given by nature" and other connections that might or might not constitute a relation. A few days after the meeting at the consulate, described in the prologue, I interviewed him in the Mumbai hotel apartment that had been the small family's home for several weeks. He was feeding Lucas, the toddler, and I kept infant Sophia asleep by lulling her in my arms. Peter, the children's other father, was sleeping in another room after a night up with the children. I asked Carl to elaborate on his thoughts about their relations to the surrogates and their future meaning, if any. He answered this.

Well, I am thinking… that must be up to Lucas and Sophia, later. I have no interest… I feel my relation to them is a … transaction. We had an agreement, and we have fulfilled our respective obligations under that agreement. And now it is over. If they had expressed a wish… If the surrogate – or the egg donor for that matter – [had expressed a wish for a relationship], I wouldn't be against it. But for myself I do not feel like keeping in touch. (…) I don't feel that they are a part of our family, in a way. Because family, that is not just biology. Or, it is not biology. We are the Intended Parents, as they express it down here.

As mentioned earlier, Carl saw commercial surrogacy in India as the only available method to fulfil his and Peter's objective of having children that belonged equally to them both and to no one else. He felt they had achieved this goal.

K: You say that the surrogate and the egg donor, they are not family, and not kin. But you say that the egg donor is mother, pointing to genetics. Did I get you right?

C: Yes.

K: Does a genetic tie imply kinship?

C: Not necessarily.

K: When does it and when doesn't it?

C: The one who is family is the intended parent. In our case, Peter and me. But we have to separate mother and father and family. This is an absurd idea in a standard family, living in a nice house, with mother and father being married – in that case mother and father is family too. But in the case of the surrogacy process, we need to move away from that mindset. Our life situations are much more complicated, so that mindset is outdated. Mother and father are not always family, be it adoption, be it surrogacy.

K: And you are daddy, father and family for your children. No mother in the family?

C: No.

K: Yet you think of the egg donor as mother?

C: Yes.

K: Because of genetics, but not because she is kin?

C: No. Kinship isn't just genetics – nor vice versa. She basically has nothing to do with us. She is mother, but there is no kin relation. Kinship is about interpersonal stuff.

The children's parents were the two fathers, Carl contended in our interview. There were no social mothers. However, he perceived the egg donors to be mothers in some other sense, as "genetics" implied that their contribution had no time limit, and that the relation existed independently of the social order of things.

The main premise behind Carl's way of thinking, which we saw in Chapter 2 was shared by a majority of the IPs, was that biology was not essential for making a child one's "own" ("family is not biology"). A biogenetic contribution, in order to constitute a relation, must be accompanied by a non-biological component ("interpersonal stuff"/"family") in Carl's view, resonating with what for instance Edwards (2000) notes as a general feature of Western kinship thinking. In the case of his own family, the essence of the bonds was his and Peter's joint intent to have children (expressed in the language he had acquired through his participation in commercial surrogacy in India: "We are the *Intended Parents"*) as well as the bonds that grew out of nurturing, intimacy and love of family life. On several other occasions Carl underlined that he and the biogenetic father were parents on exactly the same terms for their children. As such, asymmetric biogenetic connections could be encompassed by joint intent and joint nurturing, making the children "equally theirs" (Melhuus, 2012).

Susanne and Roger provided another example of how joint intent in procreation was put at the heart of such shared parenthood, however perhaps without entirely resolving the tension caused by asymmetric biogenetic connections. Their daughter was conceived using a donor egg after an initial IVF cycle in India made it clear that Susanne did not have eggs of sufficient quality. They both emphatically claimed that they were parents on equal terms, donor egg or not.

Susanne: Yes, and that is how I have been thinking all along. I couldn't have gone into it if I were to think that she was less my child than Roger's child.

Kristin: I see.

Roger: I wouldn't have wanted that either.

S: Also, I think of the fact that we were in an adoption process for so long… If we had adopted, the child would have been even less mine, our biological…

R: Then it would have been none of us.

S: It would have been none of us. Now she is 50 per cent us, after all. If you consider us a unit.

Susanne's reasoning demonstrates both the ambiguous meaning of biogenetics for kinship, and the flexibility in its interpretation. I find it particularly interesting that a biogenetic contribution is attributed the power to constitute a consubstantiality of sorts via affinity, i.e. through the marital bond between the biogenetic father and the non-biogenetic mother, a notion also observed among British parents of donor children (Nordqvist & Smart, 2014). Even more basic for "sameness" than symmetric biogenetic connections in Susanne and Roger's view, was the *joint intent* to have children, and this was explicitly related to procreation, i.e. the making of the child.

S: This kid would never have been born if it weren't for Roger and me, she would not even exist. And that is not only about Roger, it is about the two of us. The two of us entered the process that led to her creation. And…

R: And I, I could never have done this on my own. There are single men who do it on their own. (…) But that would have been unthinkable for me.

Intent procreated the children and thus made the children belong to the parents equally *and* the parents to each other. As Susanne saw it, what ultimately caused the creation of her child was not the fertilisation of the donor egg by her husband's sperm, but their joint desire and decision to make that fertilisation happen.[124] Intent, more than gametes, conception, gestation and birth, was the prime mover of procreation, the principal precondition for the child's existence and "what made it", so to speak. Furthermore, their partnership was a precondition for the intent. In this sense, the child was procreated between the two of them as a result of their relationship.

Nevertheless, during our interview, Susanne burst into tears when the issue of the egg donor came up, telling me she would have preferred a white donor instead of an Indian one. The

[124] Intent as an idiom of parenthood has now gained legal status in the US. In April 2015, for instance, a ruling against a woman found her to be the mother of a child born from gestational surrogacy commissioned by her and her husband before they divorced. The child was conceived with sperm from her ex-husband and an egg from a donor. http://thegrio.com/2015/04/22/sherri-shepherd-legal-mother-surrogate-baby/ Accessed April 22 2015.

child looking “half Indian” made it easier to discern that Susanne had not provided the eggs and gave her less control over who would be privy to this the information. Susanne’s discomfort at the idea of people asking about the child’s biogenetic connection suggests it might not be entirely made irrelevant by “joint intent” after all.

Both Carl’s, and Susanne and Roger’s, accounts exemplify the interplay between two contradicting, yet coexisting, trends in the Scandinavian discourse of kinship, observed by Melhuus and Howell (2001, 2009) among others: the privileging of social connections over biological ones on the one hand, reflected in increased value attributed to non-biological ways of procreation (e.g. adoption and step-parenting) and the privileging of biological connections over social ones, reflected in the strong linkage between biogenetic origin and identity on the other. Berend (2016) argues from the case of US surrogacy that while biogenetic connections strengthened the commissioning parent’s claim to the child, lacking such a bond did not cause it to be questioned. As argued in this section, my findings point to a more ambiguous and shifting relationship between biogenetics and other connections among the IPs, in which the latter seemed to retain a somewhat privileged position related to its perceived “naturalness”. This was especially manifest in the fact that IPs who were both biogenetic parents, apparently did not see a need to activate or address intent when arguing their parental bonds. However, as we shall see in the next section, biogenetic connections were also somehow strategically denaturalised when they did not coincide with social relations.

Eggs without Identity. Denaturalising Biogenetic Connections

Schneider (1968) famously argued that a blood tie can never be severed, making it impossible to have an ex-blood relative, e.g. an ex-mother or an ex-brother. “Genes” having replaced “blood” as the idiom of such enduring connections, it has been argued that contemporary Scandinavian kinship ideology similarly attributes to genes an intrinsic moral significance, meaning that a biogenetic relation always has the potential of being interpreted and pursued as a kinship relation (Smedal, 2001). As we have seen, my findings largely reflect a general privileging of biogenetic connections as constitutive of a “natural” form of kinship. Biogenetic connections were understood as pertaining to a naturalised moral order, constituting identity and singularity and indisputable “biological” kinship. This connection can be downplayed and displaced by social relations, however always retains some intrinsic potential moral significance, related to shared substance and identity.

However, the strikingly low level of attention paid to egg donors and the process of egg donation in the IPs' accounts indicates ambiguity and flexibility even in this area. Although eggs, unlike gestation, in the IPs' view were singular and thus could not be reduced to impersonal biological substance, something of the kind did indeed take place in practice, interestingly without evoking any of the moral anxiety attached to the relation of the surrogate. Apart from when I explicitly asked, egg donors rarely came up in the accounts at all. The (non-)relation seemed to be largely taken for granted, and to evoke far less ambivalence and anxiety than the one to the surrogate. Although photos and documents regarding the donation were usually saved for the children to "know their origin", the potential of the biogenetic connection remained hypothetical and somehow void of practical implications for the family project. Indian egg donors were anonymous and could not be traced at any point, nor was there any way a donor could track her biogenetic offspring and pursue a kinship relation. Distance, by the way of marketisation and an almost complete form of *not knowing* ensured in practice that the donor egg had no identity. Instead of coming from a person, the eggs came from a "profile", containing an alias, a photo[125] and limited information on health, education and family. Thus, the egg, too, privileged as the only substance of biological maternity was implicitly made devoid of singularity and relational implications.[126] This way biogenetic contribution to procreation could also become substance without meaning and identity, in line with gestation. Rather than through active negotiations of meaning, I argue, this process of denaturalisation was driven "in silence" by the legal and practical organisation of egg donation. Although I never heard this articulated, such an enabling effect of the donor process may have added to the attraction of India as a surrogacy destination for some of the IPs. In effect, biogenetic connections could be heavily privileged at the expense of gestation without entailing risk at all, whereas attributing moral value to the surrogate's procreative contribution could interfere with the "clear lines" of the family project.

[125] Such photos sometimes even hid parts of the egg donor's face, typically the nose, for the sake of anonymity.

[126] The sociocultural dimension of distance might have played a role here, too, meaning that their inherent hierarchies produced a differentiation of the perceived singularity and moral value of the gametes of poor Indian women as compared to those of the IPs themselves. However I do not have the sufficient data to inform a discussion on this issue.

"There Is no Mother!" – Denaturalising Heterosexual Reproduction

As argued in the case of heterosexual couples, harmonising the events of procreation to social parenthood aimed at constructing the contributions of the Intended Mother – be it eggs or intent or both – as constitutive for motherhood. Gay coupled procreation required a more fundamental renegotiation of motherhood, usually with the effect of marginalising or even eliminating the relational significance of female procreative contribution altogether. For example, in our interview, Carl dissolved what is perhaps regarded the most basic kin relation of them all, claiming that *mother* is not necessarily *kin*. Carl explained that he used the kinship term *mother* about the egg donor simply because he did not have an accurate word for this non-kinship, yet "given-by-nature" connection. When I offered him a term from anthropological kinship theory, *genetrix* (biological mother, not denoting social relations, suggested by Barnes (1973)), he was utterly pleased: "That is exactly what I mean!" And later, to his toddler son, jokingly, "You have no mother, Lucas, you only have a genitrix." "Genetrix" provided Carl with a way around what seemed to be an ideological limit for negotiating the events of procreation in order to make them fit social parenthood. Claiming that "there is no mother" seemed like denying the very "facts of life". "Genitrix" enabled him to conceptualise procreation with no mother in a moral sense, yet acknowledging the facts of heterosexual biology.

Carl and Peter planned to explicitly include both the surrogate and the egg donor in their narrative of the events of procreation to their children and to their environments. Simon and Phillip's take was more boldly challenging the idea that, in some fundamental sense related to heterosexual biology, *everyone has one mother and one father*. Belonging to what seemed to be a very liberal environment in a big Scandinavian city, in which unconventional family forms were common and accepted, they appeared very confident that the claim "she has no mother" would be accepted within their community. Furthermore, this couple had decided not to disclose which one of them was the biogenetic father[127] of their daughter. Although all gay couples I talked to shared the ambition of symmetrical parenthood, this move was considered too radical or not considered at all by most.[128] According to Simon, the identity of the genitor

[127] They did however reveal this to me in our interview when I asked, seemingly by accident. Simon immediately provided the information, followed by Phillip's, "Were we supposed to tell anyone?"

[128] Some of the Norwegian gay couples explicitly referred to one highly controversial case in Norwegian media, in which a gay couple with twins born through a surrogate and egg donors in the US refused to provide

should be "completely uninteresting" information for friends and family. He was, however, aware that although Phillip and he regarded biogenetic contributions as insignificant for their family project, people would wonder about these connections and try to figure them out.

So let them! Yeah, that is how it's going to be. They will notice [who the biogenetic father is], nothing strange about that. But to us, we are both parents. That is what we will say. [If someone asks,] "Who is the father?" our answer is, "We are both parents." And of course there will be questions: "Where is the mother?" When our neighbour asks, "Where is the mother?"... We have discussed what we will say, we haven't quite concluded yet, but there is no mother, that is the truth of it. We will see. (...) I think it's important to adjust [how you put it] to the actual person, you meet. Is it an 85-year-old lady, perhaps you say that "her mother is in India." But to a father our age, we will say, "she does not have a mother; she has two daddies."

In this understanding of parenthood, sexual – and thus biological – procreation was not seen as socially and morally relevant at all; both "mother" and "father" were rendered insignificant. Instead, the encompassing and gender-neutral "parent" was employed to construct a nuclear family in which Simon and Phillip were equal through intent. They were two "parents" or two "daddies". It was not significant for one of them to be "father". Both inhabited the more significant relation of "parent" on equal terms, which equated their family project with other two-parent families, leaving no void which had to be, or even could be, filled by a "mother" (cf. the emphasis on exclusivity discussed in Chapter 2).

Interestingly, this same couple had already planned to use sperm from the father who had not provided sperm to procreate their first child, in order to procreate "a half-sibling" as Simon put it. Both this decision and the use of "half" in this context illustrates how biogenetics seemed to retain some proportion of moral meaning that had to be managed, despite explicit devaluation (cf Dempsey, 2013).

Simon and Phillip's case also demonstrates how the meaning of procreation was negotiated in dialogue with the specific sociocultural context into which it was to be presented. The general level of flexibility in kinship ideology in their respective communities seemed to highly influence the gay couples' – and single men's – handling of the question of "who is mother",

---

Norwegian authorities with information about genetic paternity. The general attitude was that such a strategy implied a foolish denial of "natural facts", and somehow increased the attention to genetic bonds instead of downplaying them.

i.e. the more conservative the environment, the more likely it was that some kind of mother was activated. John and George exemplified the opposite extreme in this sense. They lived in a rural area and had moved there around the time they initiated the surrogacy process. Unlike most other IPs, this couple invested a great deal of time and energy in establishing a relationship with their surrogate, Fatima, during the time spent waiting in India for the completion of paperwork. The reason for this was, in part, their wish for their son Jacob to have "a mother figure". I heard them refer to Fatima as their son's "mother" on several occasions. In one of our conversations, John explicitly argued this as an implication of procreation; she had *made* him. Based on his experience with numerous failed surrogacy cycles, in which eggs were successfully retrieved, fertilised and implanted without a resultant pregnancy, John found it only reasonable to privilege gestation over the gamete.

After all these years we know that eggs are easily available. But to make it into a child… It was Fatima's body that made that happen. And she did the greatest part of the job.

A little later in this conversation he added that the greater importance he attributed to Fatima's contribution also related to the fact that she was the one they "had a relationship to", and to the fact that Fatima "had agreed to have this role". John's take largely illustrates Sahlins' point that birth is understood with reference to social relation rather than the other way around: a mother was there before birth, defined by the couple's family project, and negotiated into the procreation after the fact, so to speak. At the same time it also suggests that though Fatima's bodily contribution was acknowledged and highly valued, it still did not create a "natural", indisputable maternal bond. The role of mother was something she had to agree to embody, and the "relationship" had to be cultivated through contact and interaction, thus it was not really "given".

"She Knows It Is Not Her Baby"

"Non-exploitation" as an ethical requirement implied that the surrogate did not stake competing claims to the baby, nor was emotionally damaged by relinquishing it. Thus, IPs looked for signs indicating "exploitation" in this sense during post-delivery meetings. In most cases (one instance is given in the prologue), IPs experienced this as a quite straightforward matter. They simply detected no signs of "exploitation" at all. With others, there was more ambivalence, as in the case of Frank and Nina.

My first meeting with Nina, Frank and their newborn son, Theo, took place in the waiting room at the clinic. Tiny Theo slept peacefully, unaware of the ongoing thunderstorm of emotions of which he was the uncontested centre. A red-eyed and smiling sari-clad woman was holding him. That was Sunita, the surrogate, who had given birth a week earlier and now saw Theo for the first time. Next to Sunita was Nina, equally red-eyed. A clinic staffer added me to the scene, as she wanted me to "meet some IPs". Though warmly welcomed by Nina, Frank and Sunita alike, I soon realised the room was too thick with tension to really give room for an anthropologist, and I signalled my withdrawal. Nina and Frank gave me their number and suggested an interview another day. When I met them again some days later in their hotel, unsurprisingly they revealed that the meeting with Sunita had been extremely emotional and tense, especially for Nina. They had been looking forward to this first physical meeting after only having talked by Skype during the pregnancy. At the time Sunita had seemed "happy". So when she came to the clinic, a week after delivery, with her "lip trembling", Nina and Frank were left puzzled and deeply worried. What made Sunita cry, clutching baby Theo throughout the meeting, making no signs of wanting to let go of him, crying again when Nina and Frank left with the baby? Nina explained to me that this was the first time it ever occurred to them that Sunita might not feel about surrogacy the way she and Frank had assumed.

Nina: I mean, when you think of surrogacy, you think of it a little as a perfect story... (...) we took a decision to have a baby; you took a decision to bear a baby to get money for your kids, and everyone's happy, you know. But it is not as easy as this. I don't think so.

Kristin: At what point did you realise that?

Nina and Frank: When we saw her.

K: That was the first time you had this feeling?

Both: Yeah.

K: Ok. Wow. Then I see what a moving meeting that must have been for you.

N: Yeah. It was like... You know... You even feel. No, I even felt a bit guilty... I think my longing to have a baby was stronger, but I would feel guilty if she was suffering, or if it didn't go as planned in my head. You know, like if I didn't know that she was fine and could deal with it I would feel guilty.

The meeting made the couple reconsider what they thought they knew about surrogacy and "exploitation", i.e. about Sunita's surrogacy experience and the clinic's practice. Had they not treated her well? Why had Nina and Frank been informed that Sunita was staying with her

kids when this was not the case? In our interview, however, Nina kept returning to the issue that seemed to disturb her most: did Sunita suffer from being separated from Theo? If so, did this mean she had a sense of maternal bond? “For me, as a woman, I felt like she's been ripped off from her baby from her tummy,” Nina said to me.

During the meeting, Nina repeatedly asked different members of the clinic staff, “Is Sunita ok?” evoking each time an overbearing reassurance: “Yes, yes. She is fine.” The couple’s confidence in the clinic was wavering, and Nina felt the need to talk to Sunita in private without anyone from the clinic present in order to find out what was bothering the surrogate. “I don’t think I would have given her my baby. But I would really like to know she is ok,” Nina said to me.

Nina and Frank were taken by surprise and puzzled by Sunita’s display of strong emotions. It did not match their image of surrogacy as “the perfect story”, in which both parties pursue only what they get, meaning that the surrogate wanted money only, not a relation to the baby procreated. But Sunita behaved like someone who had lost “her baby”, i.e. a *mother* rather than a professional provider of reproductive services. Seeing her tears, Nina imagined Sunita might contest her own ideas of surrogacy relationality. This caused distress, not over rights to the child in any practical or legal sense (“I don’t think I would have given her my baby”), but Sunita making a moral claim to Theo, however inarticulate, might put the ethics of the transaction at risk. Nina hoped things would be set straight by what she saw as the indisputable fact of the matter beyond emotions and perceptions – that Theo *was not* Sunita’s child since he was not related to her biogenetically.

And I've been trying to think, you know, when she saw Theo on Monday, I hope she saw, you know, the baby was not the same colour skin as her, and didn't look like her, and like... I hope that helped her.

The way Nina saw it, recognising the disconnection, evident in non-resemblance between her and the child, might “help” Sunita overcome her emotions and realise that the baby was not *really* hers.

As suggested above, the surrogate’s perception and experience of relationality was important with regards to “exploitation”. In most cases, unlike Nina and Frank’s case, nothing occurred in their interaction with the surrogate that made them reconsider this assumption. Thus most

IPs took more or less for granted that the surrogate shared their ontology: that surrogates were not mothers "by nature" as they had not provided the egg, and that this implied both a sense of non-belonging and emotional detachment.

(Racial) Biogenetics and the Surrogate-Foetus relation

Alexander was so convinced about the validity of such a relational ontology – that the surrogate was not related to the foetus – that he worried the inevitable detachment might impact the foetus negatively. Self-identifying as "New Age", he reported to have communicated directly with the foetus throughout the pregnancy, partly in order to compensate for the fact that the foetus, in his view, was left *alone* in foreign territory, without a parent present.

Alexander: (…) I have meditated a lot, and talked to the baby in my thoughts. And communicated, given it love, saying, "I am here." What I found hard was that the baby might feel lonely. I don't know if there is any research done on that? But it is in fact one egg, going into a different tummy, and then no daddy is there. So I have made sure to send as much as possible all the way, so that…yeah, saying that I love that little baby very much.

Kristin: I find that very interesting… The surrogate is there, isn't she?

A: Yeah, the surrogate is there, but she too knows that it is not her egg… not her child. And that does something to the relation. Judging from the children born [from surrogacy] that I have seen, it does not seem that way, they look very harmonic and all that. But that is the only thing on my mind, which has pained me a little.

K: You believe that the lack of a genetic tie to the baby keeps her from attaching to it?

A: I have been told – again – that this varies individually… I have asked the question many times. They say it varies a lot. My surrogate has a sober attitude towards it, her mood is stable and she is feeling well. I don't think she has had huge emotional ups and downs. (…) They, too, know that "this is not my child". And it would be very difficult for me, too, to do it if she was the mother.

K: And by "mother" you mean a genetic relation?

A: Yeah. I know very well that would be very hard for me.

K: You believe she would be more attached?

A: Yes, definitely.

Not only was Alexander convinced that biogenetic connections were constitutive for the surrogate's experience and understanding of relationality, he also believed it prevented the

foetus from developing a bond with the surrogate. The protection and nourishment provided by the surrogate's body, although sufficient for development, lacked a specific moral value – parental love. Although Alexander's understanding was exceptional in the sense that he attributed an unusual level of consciousness to the foetus, his belief that the foetus was not attached to the surrogate seemed to be shared by most of the IPs. The exceptions here were the ones who attributed a maternal role to the surrogate, such as George, who imagined that baby Jacob might "recognise" and feel comfortable with Fatima when reunited with her three weeks after delivery. While, as we have seen, worries could arise about the surrogates being harmed by their separation from the baby, none of the IPs raised any concern for the child related to the bond severed between it and the person who bore it, indicating this bond was not perceived as significant for the newborn.

As indicated by the quote from Nina above (and also by the case of Susanne who was ambivalent about the use of an Indian egg donor), there was a distinct racial dimension to the evidence of kinship ontology, as skin colour was seen as a visual manifestation of the biogenetic difference constituting the disconnection. Simon and Phillip told me this about their first post-delivery meeting with the surrogate:

Phillip: Then came what I had expected to be "the grand moment" where we would let her meet Hannah and hold her for a little while. I thought that would feel really special, a grand moment. But really it wasn't. So I was a little taken aback. That she… Well, she did want to hold Hannah a short while, but then she was like, "Nice baby!" And gave her back. That was it. (…) No bonding, nothing at all!

At first the two were, as Phillip put it, "a little taken aback" by the surrogate's reaction. Then they realised things were in fact in perfect order.

Simon: Then we went, Oh, wow isn't that great! She has really been through this with herself, because she… it was all like "Nice baby, really nice baby," but not like… One really noticed it was not her child, because she saw that the child was light skinned, and she saw her other kids there, and they are very dark, and she kind of… It was awfully good. Both that she got to see [Hannah] and that they have had a psychologist all the way. It was noticeable, it was very clear. She was obviously well prepared, mentally.

The "facts" of kinship, i.e. that the child did not belong to the surrogate, were visible for everyone, including her ("One really noticed that it was not her child"), and the contrast to her

dark children made this even more evident to her.[129] Furthermore, work on herself, with support from the clinic, has successfully adjusted the surrogate's perception of relationality to correspond to the one perceived as the "correct" one by the IPs.

Scholars have described the crucial role played by (notions of) physical resemblance in the construction of kinship (Howell, 2006; Melhuus, 2012) and the meaning of race for such work (Ragoné, 2000). Here too, however, the IPs' understandings were shifting and ambiguous. While racial difference was invoked in order to argue the non-relation between the surrogate and the child, the same racial difference was rendered without significance in the relation between IPs and the child in the cases where an egg from an Indian donor was used. Although so-called "Caucasian" eggs were available (at a higher rate), all IPs needing a donor egg opted for one from an Indian woman. Thus, their children were no less racially different from their social parents than they were from the surrogate. Howell and Melhuus (2007) note that, unlike in the US, "mixed-race families" created through transnational adoption have not been problematised in Norway, rather the significance of race in this context has been negated. Similarly, having a child that looked "half Indian" was not seen as a difference with the potential to interfere with relations (except to some degree for the case of Susanne, discussed above). Quite the contrary, it was rendered of no importance at all ("We don't need to look the same to be a family") or – even more often – something positive, for aesthetic reasons ("Indians are beautiful people") or, in the case of the gay IPs, because it helped convey the child's procreative history, about which questions would be asked. The child looking "half Indian" would be an indication that the child was procreated through surrogacy in India.

"Attachment" as an Undesired By-Product

Although they generally saw pregnancy as non-constitutive for connections "by nature", most IPs believed pregnancy could produce a bond between the surrogate and the foetus (although as noted above, mostly in the sense that the surrogate experienced a bond, not the other way

[129] The notion that racial difference could have this effect may partly have stemmed from the clinics themselves. For example, an advertising leaflet from one of the clinics included the following argument in a list under the heading "Why Surrogacy in India?": **"**[Surrogate Mother] Keeping your Child: Indian culture is much different from rest of the world. No Indian woman has the desire to carry your Caucasian (or other raced) children in her arms, as she would not be able to explain or bear the social stigma."

around). Such a bond was usually expressed as "attachment" and imagined to pertain to the emotional life of the surrogate (and thus not to the moral order of "nature").

Being acquired rather than given, such a bond could – and in the case of surrogacy should – be prevented and/or unmade by social processes. Marketisation and "professionalisation" of pregnancy was assumed to perform a considerable proportion of this task in the IPs' view. Carl, for instance, firmly believed most surrogates made a clear distinction between surrogacy and "normal" pregnancy.

Yeah, I definitely believe so. They go into it with completely different expectations, with a different… I also believe that those who go into it do it because they have considered it and found that they are ok with it. Those who aren't ok, and who feel it is too hard, they do not become surrogates. (…) If they did anyway, well, that would be a real shame and very bad for them. But I think they should… They may not be very educated, but having kids… That is something they know quite a lot about.

A little later in the interview he modified his position slightly.

[Pregnancy] is a practical matter. I do realise it is more than just being a Sherpa for nine months… But it is not… It is a practical job that she did for us. Even though I know it has some emotional sides to it. Things that I may not understand. Being a woman, carrying a child. But I do feel that it is over… over…Not glorified, that would be the wrong word. (…)

I suggested "romanticised" to be the word Carl was looking for, which he adjusted to "over-romanticised". Carl, the way I interpret him, viewed the notion of pregnancy as a matter of subjectivity and emotions to be a social and cultural construct. Thus such a construct could be deconstructed and relativised, both on a discursive level, and by the pregnant individual herself. Yet, he too ended up leaving an opening for something more to it ("than being a Sherpa", i.e. carrying trivial matters), as pregnancy could have qualities inaccessible to him as a man. However, unlike a biogenetic connection, a bond produced by emotional involvement nonetheless belonged to the ontological order of things that could – and in this case should – be worked on and denaturalised.

Most IPs displayed some more ambivalence around the possibility of "attachment". It was common to believe that pregnancy inevitably would involve the emotional self to a different degree than other work, and that there was a certain risk that this could harm the surrogate, if she became "too attached". I discussed the issue with Robert and William while they were

still at home, waiting to go to Mumbai to pick up their first child, who was at the time still growing in the hitherto-unknown surrogate's womb.

Kristin: Do you believe the surrogate has become attached to your child?

Robert: Yeah, I think she has. I believe so. At the same time she knows what she is doing. Still, I do not think it is possible not to become attached. Nothing is completely clean-cut about these things. So of course, I believe she has.

William: I agree. One probably gets a little attached.

R: Even if you know where it's heading.

K: Do you think of that attachment as a good thing or a bad thing?

W: I do hope she doesn't get too attached.

R: For her own sake.

W: For her own sake, yeah. I hope she can see it as… as a job, something she does so she will be better off afterwards.

R: And for her own child

W: Yeah, and for the child that is her own. So I hope she doesn't become too attached. So it does not get too painful, too hard

R: But, of course, it is always going to be a little hard. I don't believe that as soon as the kid is out, it is just over.

W: No, that is not the way humans are created.

Although the surrogate was a worker and not a mother, some relational ambiguity remained as most of the IPs understood it ("nothing is completely clean-cut"). Surrogacy was "a job", but not even marketisation could completely block the subjective involvement. William partly sees this as "naturally" given, as he relates the infeasibility of not investing something of the self to human nature ("the way humans are created"). Thus, a certain amount of hardship as a result of unreciprocated emotional investment was perhaps inevitable. What Robert and William imagined as a possible way of dealing with it was in fact very similar to the ethical conversion of the surrogates, described in Chapter 3 – to redirecting ethical value from the relation to the surrogate child and back to the ethical project of maternal sacrifice and the relation to the surrogate's own children.

Again, the basic assumption among IPs was that the surrogate shared this view, i.e. attachment notwithstanding, she did not see herself related to the child. Thus the somehow inevitable emotional involvement should be managed as part of the job. Paul, for instance, told me on several occasions about his meeting with his surrogate, Neha, at the consulate, during which the consulate staff had "tempted" Neha to change her mind about relinquishing the baby, pointing out how "cute" the child was. Neha had firmly declared that the baby belonged to Paul and not to her. Paul praised Neha for her professionalism and ability to keep her feelings "separate", and the clinic for recruiting competent women who were able to make the distinction.[130] Others, as we have heard, credited the clinic for providing the surrogate with systematic training targeted at managing emotions and feelings of attachment.

Throughout the above, the underlying assumption is that the surrogate's emotional involvement was unrequired at best, excessive at worst. Rather than contributing to the child's procreation or a value included in the exchange, a surrogate's emotional involvement in pregnancy and with the foetus was understood as a by-product of the process, to some extent an undesired one, for which the surrogate was expected to take some degree of responsibility. It was undesirable not for posing a risk to the transfer of parental custody (no IPs reported fearing that the surrogate would refuse to give up the child) as much as for posing a risk to the surrogate's emotional health, for which the IPs felt responsible to a certain extent. A surrogate developing a bond with the child and claiming a relation on these grounds was generally seen as a "failure" of the process and a "misconception" on her part, rather than a valid way of interpreting the relational implications of gestational surrogacy.

[130] Interestingly, and illustrating how relations often remain ambiguous and shifting, Paul on other occasions referred to Neha as his child's "mother".

"The Uncaring Surrogate"

Although mostly understood as irrelevant to procreation, some level of emotional involvement on the part of the surrogate may have been expected and invested with some value after all. David's reaction to his "uncaring" surrogate suggests this to be the case.

David was at the hospital in Mumbai with his premature daughter who had been delivered only a few days earlier. Unexpectedly, the agent who had taken care of the surrogate on behalf of the clinic showed up to talk to him. He asked David to pay the bill for the surrogate's hospital treatment related to the delivery, and requested it done immediately because the agent "wanted [the surrogate] out of his life". On their way to the office to make payment, the agent told David that "his" surrogate was a "bad person", with a "horrible personality".

And he said she had not respected the child in her womb, not followed recommendations on her diet and on how to take care of the pregnancy. And that caused me worry. How has the child been in… what has been inflicted on her… with a bad surrogate? So it was very uncomfortable, and it still feels uncomfortable.

David had expected the surrogate to "care about" the child, and felt "awful" about the idea that she might not.

[I had expected] that she would care about it in the sense that she wanted it to have the best nourishment and the best food. And that she would handle her situation to take care of it. So that was the most horrible part of meeting with that agent.

Meeting the surrogate at the consulate weeks later, David was somehow disappointed to find that she did not engage very much with the baby girl. She did not wish to hold the infant and just observed her from a distance. David contrasted this experience with some quite emotional accounts he had heard from other IPs about the surrogate's first meeting with the child, in which she had displayed joy to see the baby and an urge to hold it, etc. David felt the surrogate exhibiting more interest might have relieved him of his concerns about the well-being of his daughter during the pregnancy. If the surrogate had displayed that she "cared" about the child, he would feel more reassured she had complied with what was expected from her. Her actual conduct, which he characterised as "distanced" might have been professional, but it could also imply that she was a "bad surrogate", as David put it.

This example, I believe, suggests that the surrogate's emotional investment played an ambiguous role in the total scheme of commercial surrogacy after all, also for the IPs. Yet, mostly it was rendered without relational implications in the sense that it did not constitute a significant bond with the child, nor was it necessarily reciprocated, as we shall see in Chapter 7.

"We Realised She is a Surrogate *Mother*"

One case stands out as an interesting exception to the general pattern of thinking about, and practice of, surrogacy relationality post-delivery. In Chapter 4 I noted that Victor and Daniel had chosen surrogacy in India partly out of an appreciation of the distanced relation; they explicitly did not wish for contact with the surrogate. Their very first meeting with the surrogate radically altered this position.

Shortly after returning from the consulate, Victor and Daniel called me to their hotel to tell me about the experience. Enthusiastic to the point of euphoria, they related the details of the event in words and pictures. A video showing Baby Thomas with the surrogate, Shabana, was screened on the wall of the hotel room: Shabana holding Thomas, playing with him, laughing and blowing on the baby's face. The video clip made it clear to me what the two fathers were so enthusiastic about and moved by: Shabana's affection for and engagement with Thomas. Seeing how she related to him had made them think differently about the relation, which they had had no intention of continuing. Now they wanted to make room for Shabana in their life. "We realised she is a surrogate *mother*, not just a surrogate," Daniel commented to me.

This case was untypical in a number of ways. Firstly, it exemplifies a somewhat different valuation of surrogate emotional involvement, not as a by-product that has to be managed, but rather a moral force with the power to change ideas about relationality. Secondly, unlike Nina for instance, who feared the surrogate's possible love for her child, Victor and Daniel saw this affection as a resource they would want to include in their parental project. Thirdly, the example illustrates how direct interaction could sometimes alter perceptions of the moral nature of the arrangement and its implications. Victor and Daniel had based their ideas about relational implications on the assumption that the surrogate did not see herself as related to the child. Her signalling the opposite encouraged them to alter it and include her somehow.

In line with this, the couple remains in touch with Shabana via online communication platforms several years after Thomas was born. In one of her messages to the couple, which according to Victor "sums up" their relationship, she writes that she is happy because the fathers are happy with Thomas. She adds that Thomas is her son, and that she is proud to have given him life.[131] When I asked whether or not the fathers agreed that Thomas was Shabana's son, Victor responded:

Shabana is the one who gave birth to Thomas and she is his surrogate mum. I think Shabana must be allowed to feel the way she does, and [I believe] that she is very comfortable with the fact that she has given [Thomas] to us.

Note how Victor did not reject Shabana's claim to motherhood (She "must be allowed to feel the way she does"). However, he did not fully agree with it either. A partial, ambiguous motherhood was granted: she gave birth and she is "surrogate mum", i.e. a mother of sorts. However, I noticed that the couple did refer to her as "mother" in a different context, in reference to how they might face criticism against their family project.

Victor and Daniel had experienced that a close family member had been extremely critical to what he saw as two "elderly" men having a baby without a mother. "Now we can say, 'He has a mother. Her name is Shabana, and she lives in India,'" Daniel once commented to me. The couple's readiness to ascribe Shabana maternal status as a response to her affection might therefore also relate to the fact that they did somehow need her more to defend their choice to have a child through surrogacy in India.

With this I will turn from the IPs and their understandings of the relational implications of commercial gestational surrogacy and proceed to a discussion about how these issues were understood by the surrogates.

The Surrogates: "I feel It's Mine, But We Know it's Theirs"

There is this feeling that the surrogate baby has come through me, so it is mine. But we know that it belongs to the IPs. (Lata)

[131] The message was written in barely understandable English. According to Victor, Shabana´s English was improving rapidly, suggesting that she was studying to be able to communicate.

The surrogates, too, I will argue, negotiated and reinterpreted relationality with reference to procreation, and the notion of the surrogate baby being "medical" continued to have a crucial meaning. As I have argued about earlier phases of the process, it was essential that the baby they had separated from was a "medical baby" and not "theirs" in any complete moral sense, in order to make relinquishing it both morally acceptable and, to some extent, emotionally manageable. However, to a much larger extent than the IPs, the surrogates I met perceived of their relation to the child as one of enduring importance, resonating with findings from other studies of commercial surrogates in India (Pande, 2009a, 2014). Thus the surrogate's negotiations of relationality sought to enact the double effect of producing both disruption and connection in the same relation.

Understanding their bond with the child as enduring and significant was not about staking a claim to the child. Rather, I will argue, the surrogates produced an understanding that resonated at once with the notion of surrogacy as different from ordinary procreation, with their experiences of the pregnancy, and at the same time accounted for what they perceived they had given to the IPs above and beyond the contract. Rather than arguing the children were "theirs", surrogates interpreted the events of procreation in ways that simultaneously made it ethical to relinquish the child *and* enhanced their own contribution, contesting the construction of surrogacy pregnancy as mere time and space, and/or biological substance void of identity.

"A mother is not made just by giving birth"

Unlike with American gestational surrogates (Berend, 2016) and the IPs in this study, biogenetic knowledge did not seem to underlie the surrogates' perception of kinship to any considerable degree. As discussed in Chapter 5, "genes" did not occur at all, suggesting that this concept was not central to the notion of the medical baby and its conception. The notion of the medical baby, with a different origin and different identity and characteristics, however, served to denaturalise the given – that gestation and birth constitutes motherhood. Upon such deconstruction of "natural motherhood", the social and legal relations of the surrogacy arrangement could be constructed as non-negotiable. The surrogate had no right to the baby.

In practice, all surrogates acknowledged this as a social fact, in the sense that they made no claims to the child towards the IPs or the clinics. However, unlike IPs, surrogates did not necessarily accept this as a fact "given by nature", i.e. by procreation. Often they had the opposite view; their contribution to procreation implied motherhood somehow, and their *separation* from the child rather than procreation was the disconnecting event. For example Saveetha, whose surrogacy experience was discussed in detail in Chapter 5, referred explicitly to herself as the surrogate child's *mother*. This was her response when I asked her if she would have wished for contact with her clients and the baby after delivery:

S: No. I gave them the baby, now they are its parents. Now if I contact them, then the baby might come to know that I am the mother, and that the baby was born through surrogacy. So that would in a way affect the baby also, and I would not want him to go through that.

Kristin: You say that you think of yourself, in a way, as this baby's mother?

S: Yes, I do feel so, but it's of no use to think that way. It's meaningless. The lady, who now has this baby, will feel so bad when the child comes to know that she is not his mother. So I don't want to think of myself as the mother of the child.

Saveetha's claim, which was bolder than those of most other surrogates, was that the child belonged to her somehow, but the IPs were now its parents by virtue of a particular social process, i.e. she had given it to them. She also assumed this ontology would be acknowledged by the child if these details were revealed. By reappearing in its life, thus, she might run the risk of undermining the apparently fragile parental bond constructed by her relinquishing the child, causing distress for both him and the new parents.

Nisha's understanding rested upon a similar ontology: "birth" makes a mother. However, her understanding included other contributions to the child's existence as equally constitutive for motherhood, allowing multiple mothers to exist. For Nisha, procreating the surrogate baby was a joint effort of "birth" (including pregnancy), nurture and a force very much resembling that which I called "intent" with the IPs.

A mother is not made just by giving birth. Even the one who looks after a child can be called a mother. The clients took a decision that they want a baby through surrogacy, so it is their courage and determination through which this process finally began. (…) A mother only has responsibility for the child till she gives it birth and keeps the child with herself. However once she gives up the baby, she loses all responsibility for the child. They can take care of the baby in a much better way than we can. We surrogates are doing this for our children. We

have them to look after. But as we have given birth to the surrogate baby, we will always hope that wherever the child finally goes, he is happy and is taken care of well.

Both Saveetha's and Nisha's understanding of procreation and its relational implications differed from that of the IPs as they constructed maternity through pregnancy and birth as given, i.e. the surrogate *was* mother. Although she in some way ceased to be mother because she would no longer provide care for the child ("once she gives up the baby, she loses all responsibility for the child"), this happened through processes that were intrinsically social and not "given" by procreation: the surrogate's act of relinquishing the child, the legal contract and the money paid. The fact that the IPs, as opposed to the surrogate, had the means and the intention to provide a good life for the child made them more suitable parents than the surrogate who was motivated by the needs of her other children.

The surrogate's contribution to the procreation of the child – pregnancy and birth – without which the child would not exist in its current form, constituted for most an immutable connection, it made her an intrinsic part of the child's existence and the child hers, i.e. mutuality in Sahlins' sense, although the relation might be one of distance ("as we have given birth to the surrogate baby, we will always hope that wherever the child finally goes, he is happy and is taken care of well").

Thus unlike what Berend (2016) and Teman (2010) describe about American and Israeli surrogates, respectively, the ones I talked with did not perceive of gestation as "neutral" in terms of kinship. Surrogacy pregnancy, thus, as understood by the surrogates, had a moral meaning beyond providing time and space in an impersonal and disposable uterus. Surrogate identity and subjectivity were negotiated into the relation to the foetus and later the child in ways that challenged not only the relational understandings of the IPs and the clinic's surrogate regime, but even Indian patrilineal kinship ideology (Pande, 2014). Similar to the Middle Eastern thinking described by Delaney (1987) noted above, such kinship thinking privileged the paternal "seed" over the maternal "earth/soil" as provider of procreative essence (Dube, 2001). Whereas maternity implies shared substance (blood, milk) constitutive of a tie between mother and foetus, these substances merely nourish the child. It is the blood inherited via sperm which constitutes a blood tie, with the social implication that the child belongs to its father's kin group. The notion of women's procreative role as a mere receptor and nourisher could perhaps be expected to harmonise with the notion that the foetus was not

related to the surrogate, providing meaning and motivation for the process in the surrogates. Nonetheless, the Indian surrogates studied by Pande challenged this idea, claiming that their substantial tie imparts *identity* to the child (Pande, 2014:147). In a redefinition of kin ties and transmission of identity, they point to their contribution of substance ("blood") and labour ("sweat") to substantiate their importance. Furthermore, according to Pande, the surrogates often argue that a bond produced by substance and labour is *stronger* than one constituted by genes alone.

The conceptualising of the contribution of procreative essence as "blood" also occurs in my study, though to a surprisingly low degree compared to what seems to be the case among the Northern Indian surrogates studied by Pande (2009a). However, the surrogates articulated their contribution in other ways, explicitly contesting the notion of gestation as impersonal time and space. For example, that the baby "came (into the world) through" her was a more common way of articulating pregnancy as a crucial contribution to procreation, as exemplified in the quote from Lata opening this section. Pregnancy was understood as the transition from non-worldly existence to worldly existence, and rather than the isolated uterus, the site in which gestation took place was the pregnant embodied self ("me").

Parvati provided us with an interesting and unusually elaborate account of the respective meaning of the different contributions to procreation involved in gestational surrogacy. Parvati had also been involved in the ART business over time, filling the roles of surrogate, egg donor (multiple times), recruitment agent and caretaker for other women acting as surrogates and egg donors. Like Nisha, Parvati equated intent (which she, unlike the IPs, related to the money paid), gestation and the egg as preconditions of the child's coming into being and thus constitutive of motherhood.

All three women are dependent on each other. It is only because the egg donor gives eggs, and only because those eggs are transferred into the surrogate, that the baby takes form. For this procedure, the IP lady is giving us money. Without egg donation, there will be no eggs. Without the surrogate, there will be no baby. So we all depend on each other, and there is no exact one mother.

By saying that the baby "takes form" due to the surrogate, Parvati conceptualised a notion of gestation as an active, identity-shaping and meaningful procreative contribution, as opposed to the notion of pregnancy as mere time and space. None of the maternal contributions could

be privileged, according to Parvati, and none of the mothers could be pointed out as the "exact" mother, thus motherhood remained shared and ambiguous. This was also very much Parvati's own experience of surrogacy relationality. As described in Chapter 5, she had developed a close bond with her client during pregnancy, and was still in touch with her during my fieldwork. Despite their warm relationship, the Intended Mother had to this day not let Parvati see the children.[132] Parvati believed the Intended Mother feared that she "would create a scene" and accuse the client of "taking away my babies". In our interview Parvati seemed to agree there was a certain risk such a scene would occur. I asked her if she did indeed consider the children "hers":

P: I have given birth to those kids, so I do feel they are mine (laughs). But they do not look like me. They are fair, and have light-coloured eyes. No one could see they took birth from me.

K: What makes the children yours? What is that crucial thing that makes someone your child?

P: There is a blood relation between a mother and the kids. But even if I get a DNA test done on these surrogate babies, the result will not show that they are my children. Whereas with my own kids, the DNA will match.

K: You have donated eggs, haven't you? Do you think of yourself as mother of those babies that might be out there?

P: That increased level of attachment isn't present in that case. Although the eggs are mine, I do not get to see those babies. There was one lady named Deepali. She had some problems conceiving. I knew that my eggs were being transferred into her, and that is how she conceived. When she delivered the baby, I got to see it. That is when I felt that even I have contributed towards the birth of this child. The colour was like my skin, but the baby looked like the mother.

K: Really? So do you feel that the surrogate babies are more yours than the egg donation babies that come from your eggs?

P: There is a lot of difference between egg donation and surrogacy. As a surrogate, you can feel the baby inside your body, moving, and we also have pain. But in egg donation, that process isn't there. We only get our eggs extracted, without knowing where and to whom they are going. So there is no attachment to the eggs I give.

K: More attachment through pregnancy than through eggs? Ok. Still, the lady that is the mother of your surrogate babies, she gave the eggs. But she still considers herself more mother than you?

[132] Parvati had only seen a photo of the children at the clinic.

P: Probably, she does feel so. Although the eggs were hers, she was incapable of bearing them. That saddens her, and somewhere she considers me as a mother also. So she cannot be called a perfect mother.

As was the case with all the surrogates I interviewed, apparently unlike those participating to Pande's study (2009, 2014), the notion of "genes" was not given a part in Parvati's account of gestational surrogacy procreation. Rather she drew up a more complex imagery of consubstantial connections and implied relations than the one privileging biogenetic connections. For Parvati, eggs and pregnancy are two equally crucial forms of biological substance required for procreation, and both were expected to contribute to the child's identity. Although I believe Parvati was not entirely familiar with exactly what information such a test provided, she somehow acknowledged that a DNA test could establish a different "natural fact" about maternal connections ("not my children") than what she saw as the apparent one (the "blood relation" implied by pregnancy). Her pointing to physical difference and resemblance ("fair [skin], and light-coloured eyes") suggests that she related this "truth" to consubstantiality and identity. However, her comment about the child being proven "hers" by a DNA test, in whom she saw traits from both herself and the gestational mother, indicates that Parvati considered that more than one woman could have contributed identity substance to a child.

On several occasions, I heard surrogates express the belief that substance and identity, manifest in physical traits, could be transmitted through pregnancy. Tahira told me that:

(…) When I saw the baby, I was very happy. My husband told me that she looked a lot like me, and he joked that we will take her along with us (laughs). Then, after they had taken the baby away, I would think of her, and cry.

Another example of the same was Lata's recurrent claim that light-skinned and pretty surrogates were paid more than women such as herself ("black and not nice"), because IPs wanted a "fair and nice baby", suggesting that a "black" surrogate could transmit her skin colour to the child. However, Lata seemed to take for granted that her eggs were in demand for donation (which they also in fact were; she had donated five times), she did not expect her dark complexion to make her less eligible for this procedure.

More often, however, physical resemblance was highlighted to mark disconnection to the surrogate baby. A surrogate would note that the baby did not "look like her" and see this as

evidence it was "not hers". For surrogates, too, this had an evident racial dimension; very often it was the baby's whiteness which was taken as evidence that the child was "not mine", even in the cases where the children were conceived with eggs from an Indian donor and thus were about as dark/fair-skinned as a child conceived from the surrogate's own eggs would be.[133]

The meaning of resemblance aside, the point I am arguing is that the surrogates did not necessarily share the IPs' conviction that pregnancy did not imply transmission of identity. Neither did they privilege the egg as maternal procreative contribution. This became very evident by the fact that surrogates who also had donated eggs would attribute more "motherly" value to their surrogate pregnancy than to their egg donation. Asked explicitly about the relation to the children conceived from their eggs compared to the baby they had gestated, the latter relation was ascribed more moral value, resembling what Berend (2016) describes with American women who have both been surrogates and donated eggs..

Like other surrogates who had donated eggs, Parvati above explained the difference in terms of sensory contact ("I do not get to *see* those babies"). Not knowing, too, played a major role as Parvati pointed out, "We only get our eggs extracted, without knowing where and to whom they are going. So there is no attachment to the eggs I give." Other women did not know the purpose of the procedure at all. Nadia, who had donated eggs numerous times, estimated to be as many as 15, said this about it:

I don't understand the procedure of egg donation. I would donate eggs but never bothered what they did with them. Later, I realised that they transfer it into a lady who wants to conceive. So those eggs are immaterial to me.

Ignorance, be it of the purpose of the egg retrieval or of the existence of children conceived from the egg, ensured alienation. Eggs were "immaterial" and without moral meaning as they were separated from one's body once and for all.

[133] Skin colour was also made relevant in cases where the IPs were Indians themselves, like Parvati who commented that the children she bore for a richer Indian woman "are fair, and have light-coloured eyes" and thus did not look like her. Skin colour varies greatly in India, and is to some extent expected to correspond with class, linking fair skin to wealth.

In contrast, pregnancy was an experience of intimacy and knowledge, i.e. spatial and sensory interaction over time, and this sharing constituted a moral, and possibly maternal, bond. Going back to Parvati's account we see that although she at some level recognised a biomedical "truth" about motherhood in the case of surrogacy ("the DNA result will not show that they are my children"), based in her own experience she was more mother to the surrogate babies than to babies coming from her donated eggs. She attributed this to what she called an "increased level of attachment" caused by pregnancy. Many surrogates would argue that gestation constituted a relation due to the prolonged intimacy and the temporal aspect of this experience – the *nine months*, which was often emphasised, and sometimes contrasted against the swift and volatile act of donating eggs.[134] Thus, temporality made IPs rank eggs over gestation in moral meaning, because eggs were perceived to contribute to permanent identity. With the surrogates the temporality of contributions was interpreted with the opposite effect. Egg donation took a short time, while a surrogacy pregnancy was long-lasting, thus the latter was more significant in terms of relations.

"I Cared for It More than for My Own"

While subjective involvement was seen by the IPs as a sort of non-essential, yet possibly inevitable by-product of the transaction and additionally pertaining to the social rather than the "natural" realm, the surrogates understood such involvement as an essential procreative contribution. As discussed in the previous chapter, the experience of *consensoriality*, togetherness through sensing, interfered with processes of detachment during the pregnancy, activating the surrogate's emotional involvement with the foetus, but also causing her pain and exhaustion. Parvati referred to *pain* in the same sentence as consensoriality when explaining why the surrogate bonds with the baby ("As a surrogate, you can feel the baby inside your body, moving, and we also have pain"). "Pain" played a key part in the surrogates' account of their experiences. Pain – and similar body-self experiences such as "effort" and "care" – also seemed to be understood as procreative resources, relating the surrogate to the child, similar to what Pande (2014) denotes "the labor of pregnancy", expressed by the surrogates in her study with reference to yet another bodily fluid, "sweat".

[134] An egg donation process – from onset of hormonal treatment until egg retrieval extends over at least four weeks, sometimes longer. However, when the women refer to the process as swift I suspect they refer to the egg retrieval itself, which is a fairly quick procedure, during which the women report to have been "asleep".

"Pain", "care" and "effort" all denoted essential procreative *resources* offered by the practice of the pregnant body and the surrogate's subjectivity in combination. This contribution could not be reduced to lending the space of one's uterus for nine months. Moreover, it was neither wholly bodily nor wholly non-bodily; rather, it linked the body and the self in an inextricable way, and simultaneously created a bond between the surrogate's subjectivity and the foetus. An example is provided in the following excerpt from my interview with Preeti. This is how she explained to me why she experienced the foetus as "her own" towards the end.

Preeti: I cared for their child much more than I did for my own. Like for instance if I am standing for a long time, then I would sit down, and if I get tired sitting, then I would lie down. But when I was pregnant with my own child, I used to do all the housework. With their baby, I did not do any housework at all. They took away the child after delivery, and I only got to see it two days later. They did not even ask me or tell me that they are taking the child away. When I later asked the nurse, she told me that your clients had taken it away soon after delivery. I asked her, what if I want to see the baby? Then she asked me to speak to the doctors.

Kristin: Did you ask the doctor?

P: Yes. I shouted at the doctor a lot, saying that I took so much care of the child, and how did they let my clients take the baby away without even as much as asking me? So the doctors said that you have no right over the child now. I said, why not? I do have a right till the baby is taken away by the clients forever.

K: How did you feel about that?

P: When the nurse said that they took away the baby, I felt very, very bad. I even cried for an hour. Then she called Sir and told him that your patient is crying, you come and meet her. So he came to ask me what happened. I told him, "You gave the baby without asking me." He also said that the baby is not yours, it was the clients', and they were always going to take it away. He said that this procedure is followed with all the surrogates. If they are shown the baby, then they get attached and may not want to give it off.

K: Do you agree with him? Do you think he is right about that?

P: No. Although that baby is not mine, I have had that baby in my womb for nine months, cared for it all these days, and gave birth to it with a lot of effort. Then it is the responsibility of the doctors to show that baby to the surrogate mother, and then they could give it to the clients.

K: Do you think you would have become more attached if you saw the baby?

P: Yes.

K: So it might be better for you not to see the baby?

P: No. If they had shown me the baby, and taken it away, I would still feel the pain of giving it away. But this was extreme. Without showing me the baby's face, if they take it away, then it's more painful, and gives more emotional trouble.

The tension between the medical regime's understanding and practice of surrogacy relationality – very similar to that of the IPs – and Preeti's own becomes clear in her account. Though acknowledging that the baby in some ways was "theirs", she felt that her "effort" in giving birth, and her "care" during pregnancy, which actually exceeded what she provided for her own child during pregnancy, connected her to the baby in ways that had moral implications. First of all, she felt entitled to see "the baby's face", i.e. a form of sensory contact only possible after birth. In addition, although prepared to relinquish the baby to the IPs, Preeti was confused and upset to realise that the medical staff deprived her of the right to decide *when* this was going to happen.

Preeti articulated an active contribution to procreation, strongly involving her subjectivity rather than just her uterus: "care" required her good judgment and her emotional investment. Pain, effort and care in this context could thus be interpreted as a way of articulating the subjective contribution to pregnancy, which was unaffected by the baby being "medical" and which in the surrogate's view constituted a relation.

By this, I do not mean to argue that all surrogates saw themselves as mothers, that the separation from the child happened against their will, or that surrogates were generally traumatised by this separation. Rather my point is that they considered their own subjectivity a productive part of gestation and hence procreation. Without the surrogate's "pain", "care" and "effort" there could be no baby, a fact morally implicating the surrogate in the child's existence, binding her to it notwithstanding the accepted social facts of surrogacy relationality (that the IPs had full rights to the baby). An important point here, I believe, is that this didn't necessarily have to do with the sort of "attachment" the IPs referred to as a possible product of pregnancy. The surrogate could have bonded with the child produced by the "care" she had provided, without being emotionally attached to it, in the sense, for example, that she mourned the loss of it.

Furthermore, as we shall see in Chapter 7, the understanding of surrogacy pregnancy as something invested with the ethical self might imply that it was not fully reciprocated through

the surrogacy contract. This, of course, contrasts strongly with the common evaluation of emotional involvement as made by the IPs as a form of by-product, even an undesired one, the production of which should be managed and minimised by the surrogate as part of the job

In sum, thus, what was produced among the surrogates was a complex and ambiguous understanding of their own relation to the surrogate child. Compared to the American surrogates studied by Berend (2016), who construct a seemingly very unambiguous and unquestionable notion of non-belonging and non-motherhood, the surrogates I met both dismissed and claimed a maternal bond with the child. While the same American surrogates seem to have developed a quite sophisticated language to express the complexity of surrogate motherhood, through concepts such as "surromom" and "biomom" as opposed to "mother" (ibid), the Indian surrogates I met had to a much more limited degree conceptualised the nuances, distinctions and complexities of their relation to the surrogate child. Thus their accounts sometimes seemed inconsistent and confusing, a point I will return to later.

Known and Unknown Babies

Most surrogates did not share elaborate reflections upon how they believed surrogacy relationality was experienced and understood by their counterparts, the IPs. This was not due to a lack of interest; quite the contrary, in practice the IPs were almost completely in control of how the relation was enacted, hence their perception of it was of great importance to most surrogates. However, rather than trying to "get in the head" of their clients via general discourses of relationality the way the IPs did, the surrogates discussed these issues with reference to specific practices believed to reflect such understandings, e.g. showing the surrogate the baby, providing photos, etc.

Although I often heard IPs express concern about the risk of imposing on the surrogate expectations of emotional involvement with the child, I never heard a surrogate complaining about anything of the sort. Those who had been ascribed some sort of maternal relation to the child by the IPs expressed deriving great pride and pleasure from this, considered themselves "lucky" and their clients "good". Lalitha, for instance, mentioned every time we met her – with a beaming smile – that her clients had named the girl she carried for them after her. Fatima told us on several occasions how lucky she felt she was that her IPs talked of her as

the mother of the child. She had heard of surrogates who were never allowed to see the baby, whereas she got to spend a lot of time with "her baby" before he left the country. After returning home, the IPs kept in touch through Skype chats. I had the privilege of being present for a few of these, witnessing Fatima's tears of joy at the sight of Baby Jacob on the computer screen. When the baby, too young to speak at the time, uttered the sounds "ma ma", one of his fathers said, "Fatima, he is talking to you," to which Fatima responded with an even broader smile and more tears.

To some extent, surrogates' understanding of their own relation to the child seemed to be contingent on the IPs' acknowledgement of such relations. Misbah's case gives a fascinating example. When Nausheen and I visited her home, Misbah opened her cupboard to take out the photo of one of the two surrogate babies she had given birth to, showing it to us with pride and affection. Misbah was going through an egg donation procedure at the time and commented that she was tired and in pain due to the regimen. At my question, Misbah told me she knew that her eggs would be transferred into "people who can't conceive", but she had never thought about babies they might have as a result. I asked whether or not she saw herself as related to children conceived by her eggs.

M: No, because I don't know into which person those eggs get transferred, I don't feel any relation.

K: What about the surrogate babies? Do you feel related to them?

M: Yes, I do. It feels like my baby has gone so far away to live, but there is no contact now.

K: But it is your baby?

M: Yes (smiles).

K: What makes it your baby?

M: If someone asks me, how many kids you have, then I say three children, and then I tell about this one also. But this I tell only to those who know I have done surrogacy, not everyone.

Interestingly, Misbah only included the first surrogate baby when counting her children. About the second she explained, "I don't know when they took that baby and left. I didn't even see the baby, so I don't know anything about it." Like the possible children coming from her eggs, she lacked the relation deriving from *seeing* and, thus, knowing the baby. However, it turned out that she did not really see the baby whom she does count as her own either. She

only met the father, who gave her a photo. In addition to illustrating my previous point (that IPs' practises strongly influenced surrogates' understanding of their own relation to the child), this example points to the powerful effect of knowing and not knowing on relationality. This is evident in Misbah's perception of her relation to both possible children conceived with her eggs and the surrogate baby she never saw and knew absolutely nothing about, not even the names and nationality of its parents. Yet, it also suggests that the un-making of relations can be disturbed by quite modest tokens and practises, such as giving a photo which can be preserved in a cupboard and produced as evidence of both the baby's existence and its parents' willingness to acknowledge a relation.

Finally, Misbah's account exemplifies yet another characteristic of the surrogates' depictions compared to those of the IPs: that they were more ambiguous, somewhat contradictory and sometimes even incoherent. Partly I believe this had to do with the inherent ambiguity of surrogacy relationality in the context of their ethical work. Surrogacy could only be "good work" as long as the baby was not "theirs". Yet, resisting the reduction of their contribution of their embodied selves to meaningless and identityless space, the child was nonetheless understood as connected to them through moral bonds produced by the consensorariality and sacrifice during pregnancy, a form of "mutuality of being".

Furthermore, the surrogates' accounts of relationality were "strategic naturalisation*"* in the sense that most would firmly hold that the child's "medical" procreation implied that the surrogate was not giving away her "own" child. Yet, they differed from those of the IPs in that the surrogates, to a lesser extent, produced their understandings with the authoritative support of universalising and encompassing notions such as "genes" as employed by the IPs, perhaps influencing the level of coherence and generality. In effect, the production of post-delivery relationality provides an example of unequally distributed power to define the world, to enact one's views of the world in practice and as such to have one's view validated. It also illustrates how silence, as a form of ignorance, is produced along with "truth", in the sense that the surrogates' contesting ideas never surfaced in ways that interfered with the IPs' kinship ontology.

"Why don't they show it?"

As already argued repeatedly, most IPs were convinced that the surrogates' understanding of relationality coincided with their own, ensuring the ethics of the transaction. Carl, like many others, took the surrogates' conduct during their brief meetings as the ultimate evidence for this.

Kristin: Have you reflected upon how the surrogate and the egg donor perceive [of their relation to the children]?

Carl: I have. (...) I base my thoughts on the advice we have gotten from [the clinic] and from Hiranandani, too: that they are not interested in contact [with the children]. To them this is business. They are not looking for a way to have more friends or a second family. They do this in order to improve their life situation. And… I do realise I look at this with my Western eyes. But I believe that if they had wanted contact, they would have expressed it somehow. But my experience so far, for all it's worth, is that they are not interested. We have met two surrogates, both Sophia's and Lucas's, and neither of them… As we leave the consulate, there are no gazes, no longing gazes, at the bundle in our arms. I don't know whether or not that is something they would do, whether it is a cultural thing, that might well be. But… they do not express – as far as I can perceive – any desire for attachment. Or rather, there is *no attachment. They may enjoy holding [the baby]. Like Lucas's surrogate, who laughed when she saw him because she thought his skin was very light. She found that hilarious. But no sentimental "oh my child" kind of thing.*

In Carl's experience, all the evidence pointed in the same direction: the surrogate had no bond with the child; she was a professional. The caveat he made halfway through his reasoning ("I do realise I look at this with my Western eyes") provides another illustration of the epistemological uncertainty discussed in Chapter 4 – even when observing with their own eyes, there was always a certain amount of risk that the truth was unavailable, if nothing else, because of the epistemological distance following from cultural difference ("Western eyes").

I told Carl that to my experience most surrogates were in fact interested in the baby, to which he replied, "Then why don't they show it?" with an expression of genuine puzzlement. Well, why don't they? Namrata's explanation as to why she didn't ask to hold the baby she had carried, despite very much wanting to, may shed light on this question:

Because we are told in the beginning that our sole purpose was to give birth, take the money and leave. And we never think of going beyond that and asking to play with the baby, or even to have a look at the baby. The fear of humiliation always persists, because I don't know what goes on in the minds of my clients.

Generally, the surrogates acknowledged the sovereign right of the IPs to set limits on their contact with the baby, and thus awaited initiatives from them, reserving their own active participation, echoing what many IPs experienced from direct interaction with surrogates. They, too, found it challenging to assess the counterpart's subjectivity, i.e. their intentions, desires and preferences. Quite a few surrogates reported that doctors had told them not to display any emotions that might disturb the IPs, including feelings for the baby, strongly signalling that such feelings were irrelevant to the relation and perhaps illegitimate to share. Saveetha, who told us she was determined not to look at the baby's face to keep her emotional defence intact, saw this not only as a way of protecting herself, but also part of the job:

> *I was scared that if I cry before the clients, then they might feel that I do not wish to give them their baby. When we sign the agreement, at that time, the clients also have a lot of expectations from us. So I did not want to show them my sadness, or my tears. They also should feel that the surrogate was happy to bear our child for us.*

Not showing emotions that could be interpreted as a claim to the child, thus, could be a means of protecting oneself, part of the job, and a moral obligation towards the IPs, or all of the above. Despite having conflicting understandings of the potentiality and ontology of relationality, thus, most surrogates experienced their agency as very restricted, both explicitly through instructions from the clinics and through a more internalised sense of what was appropriate and expected. Hence, the "silence" of the surrogates was produced by a number of processes on different levels. Above I quoted Lata saying, "There is this feeling that the surrogate baby has come through me, so it is mine. But we know that it belongs to the IPs."

I believe this statement in many ways sums up the effect of power quite neatly: she "feels" the baby is hers somehow, but "knows" it belongs to the IPs. The statement reflects the power relations implicated in commercial surrogacy as a social arrangement, shaping not only relationality but also distributing the right to define its ontology. Lata can feel all she want, "truth" about who belongs to whom does not come from such experiences, which are neither seen as relevant nor appropriate for articulation. The emotions informing her judgment were dismissed as "wrong", undesired and of no relevance to relational ontology. Effectively, the surrogates' experiences and interpretations were marginalised and silenced in the production of a hegemonic "truth" about who was related to whom in what ways, supported not only by Western biomedicalised kinship ideology but also racialised hierarchies, and a gendered binary relation between "emotions" and facts.

On some level, Lata's statement reflected an awareness of the interrelation between "truth" production and power, awareness rarely found among the IPs. As I have demonstrated, the universal ontological status of biogenetic connections as "given by nature" was so taken for granted that it was not questioned, nor did IPs seem to reflect upon the possibility that this relational "truth" might not be shared by the surrogates. In my interview with Carl, however, I challenged the universal validity of his kinship beliefs by pointing to the fact that Indian egg donors I had talked to did not think of themselves as mothers to children conceived with their eggs:

Well, that does not make them mothers any less. They are the genitrices after all.

Ultimately, the superior truth power of Western biogenetic knowledge made the subjectivity of the other irrelevant to knowledge production. Possible conflicting understandings should be addressed and dealt with to avoid "exploitation", but they could never alter the ontology of the matter. Moreover, in practice, continued distance and ignorance minimised the effect even when conflicting views may in fact have surfaced. Nina and Frank, whose uncomfortable first encounter with their surrogate was referred to above, gave up on ever finding out "for certain" what had made Sunita seem so upset. On the day of their departure, Nina called me to her hotel to pick up some baby items she wanted to gift to my children's nanny, who was pregnant. They filled me in on the recent development. At Sunita's request, the couple and the surrogate met again at the clinic. Between the first and the second meeting Sunita had been reunited with her children at home. When she showed up the second time, she seemed calmer and was no longer crying at the sight of Theo. Nina never got a tête-à-tête with her, but she felt reassured enough by Sunita's body language at the last meeting to let go of the worry that Sunita felt as if "her baby had been torn out of her tummy", enabling her to restore a sense of moral comfort about her surrogacy arrangement.

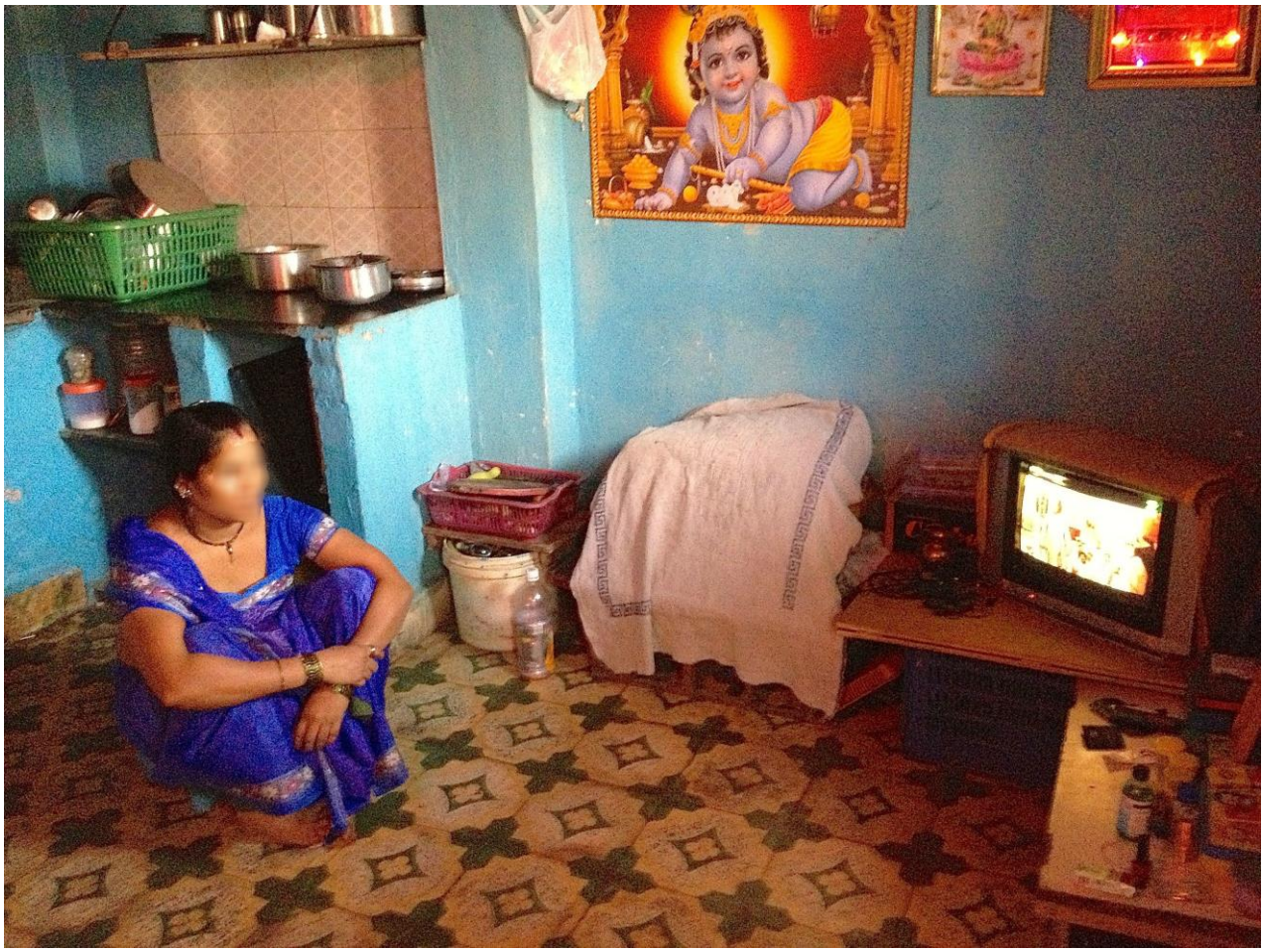
In this chapter I have argued that relationality of commercial surrogacy was constructed and negotiated with the ultimate effect that the surrogates' understandings were marginalised while the one of the IPs became hegemonic. While I have focused my attention on how this was thought and talked about, and enacted by the IPs and surrogates respectively, production of relations of course took place in a number of other processes. With "ontological choreography" Thompson (2005) conceptualises the coordination of ART clinics of matters that are of different ontological orders: technical, scientific, kinship, gender, emotional, legal,

political, and financial, in order to "make parents", i.e. produce kinship relations. Such choreography, although perhaps less integrated and seamless than in US ART clinics, also coordinated the events and matters of transnational commercial surrogacy in India, ultimately producing the exclusive parent-child relations pursued by the IPs, both legally and morally. Hegemonic relationality was produced by a number of processes related to power, including institutional and legal processes left largely unexplored in this thesis, such as the regimes of ART clinics and agencies and hospitals, and also, though less unequivocally, authorities of the IPs' home countries.

Conclusion

In this chapter I have explored how the IPs and the surrogates respectively understood parental relationality of the surrogacy arrangements they had taken part in. Inspired by Sahlins' take on kinship, I have argued that genealogical relations were matched to the postnatal considerations of kinship, not the other way around. Bonds to the child were to a large extent negotiated with reference to procreation, i.e. who created the child and provided it with its identity. IPs constructed what they saw as an indisputable truth about the relationality of gestational commercial surrogacy, beyond conflicting experiences and perceptions, valid for all regardless of a possible lack of access to or acceptance of it. A number of practices, many of them driven by the clinics and doctors, worked to reassure that contesting surrogate opinions never reached the IPs and thus did not destabilise their relational ontology.

Simultaneously disclaiming belonging and arguing an enduring bond with the child, the surrogates had a more complex and ambiguous understanding of relational implications of commercial gestational surrogacy than that of most IPs. By this, I do not mean to argue that all surrogates develop a strong maternal bond to the child nor that the separation from the child happened against their will. Rather, my point is again that the surrogates contested the notion that their contribution – gestation – did not contain something of themselves. In other words, they had contributed something more than mere time and space, raising the question: could this entitle them beyond the surrogacy contract? This question will be discussed in my next and final chapter.



A former surrogate in her one-room flat in a slum area in the outskirts of Mumbai.

Chapter 7: Gifts of Happiness – Gifts of Closure. Post-Contractual Relations

Prologue: "A year has passed, and we have heard nothing"

"My clients' hotel," Lata says and points to the end of the beach, to the tall and beautiful white buildings of the five-star luxury hotel. In one of these buildings I interviewed a couple other IPs earlier this very same afternoon. It is Dussehra, the final day of the Hindu festival, Navratri, and Lata has taken me to see the ritual immersing of the goddess idols in water. Hundreds of idols are floating on or sinking into the Arabian Sea. The crowd has left. Lata and I have stayed to enjoy the view and abundant space, so unusual for Mumbai life. Behind us, across some busy roads crowded with cars, rusty buses, auto rickshaws and the occasional herd of cows, is Lata's little house. "They stayed there, and I live here," Lata says, holding her hands some inches apart to indicate proximity. She smiles. I have only known her for a few weeks at this point, but I have already seen that smile a number of times – a smile of resignation and resilience at once. It accompanies sad facts that can't be changed, just lived with. I saw it when she told me that her mother had passed away just after the birth of the surrogate child, when she confessed that she quit school in third grade, leaving her illiterate to this day, and, as I am going to find out, whenever she talks about her "clients", the Intended Parents of the little boy she gave birth to about a year ago. "Did they know your house was right here?" I ask her. "No". The same smile appears. She tells me she got to know that they stayed there by coincidence, through gossip she overheard at the hospital. It was not information meant for her.

I am about to ask if she considered going over to see them, but my gut feeling tells me to refrain, suggesting the question might embarrass her. I imagine her walking through the grandiose gates of the hotel. Would she still be the proud, energetic and cheerful person I have come to know? Would the uniformed guards smile and greet her with "hello ma'am" like they do whenever I show up at the same gate to see IPs or simply to let my kids loose in this safe haven of greenery and clean swimming pools? Probably not. They might not even let her in. So I don't ask her about this. Lata smiles again. "It's ok," she assures me, making me realise my face is probably revealing the slight darkness of my thoughts.

We walk back to her house, a one-room flat with a basic bathroom attached. Lata starts preparing food in one corner. I get ready to leave, but Lata's husband Santosh insists I stay for dinner. "Take rest, eat something, and then you leave," he says, a line of imperatives I am going to hear from him again and again in the months to come. Santosh is complying with the norm of hospitability, but he is also clearly keen on some company. The TV has started to bore him after a whole day of idle watching, and he doesn't mind a little conversation. "Beth (sit down)!" he says and signals to the single bed in the corner. He himself occupies the plastic chair, the only other furniture in the room.

We chat about this and that and after a while Santosh starts talking about Lata's clients. They got him a watch, he tells me. The same gift the IPs I have just interviewed had given their surrogate and her husband. "Do you think that was a good gift?" I ask him. He gives me his charming-cheeky smile and says, "No!" I take a quick look at Lata cooking by the stove. She, too, is looking at me, probably checking out my reaction to Santosh's frank words of discontent. She joins the discussion, saying, "One friend's clients pay kids' education. Till graduation. Good-good gift." Via Santosh, who speaks a little more English, Lata assures me she would never ask for something like that, but she has been hoping. Her clients have her address, her number, so maybe?

****

Over the following months, Lata tells me about her clients on many occasions. She tells me about the gift she gave them, handcrafted by herself. She tells me how she Skyped with them while pregnant and how Elisabeth, the Intended Mother, always cried. She cried when she saw Lata and her pregnant tummy through the computer screen for the first time, she cried when Lata told her not to cry, not to worry, promising she would take care of the baby. Elisabeth even cried when Lata saw the baby, Marcus, for the first time. Knowing how long they had waited and how happy and grateful they seemed to be for the healthy baby she delivered, Lata has imagined they would think of her now and then, perhaps feeling the urge to express their gratitude by helping her to take care of her own children. Santosh does not believe this will happen: "They told us, 'we will not speak now, we will speak later.' Now a year has passed, and we have heard nothing. They told us they would come back when the baby is big," he says and indicates a tall child with his hand over the floor. "But we don't

need them when the baby is big, we need them now! They are not good people." Lata shakes her head at him: "Good people, but not rich!"

As our relationship grows closer, Lata starts opening up a little about her disappointment with her clients. What she struggles to understand is how Elisabeth could be so grateful and happy that she could not stop crying during their meetings, but could then apparently forget about Lata in such a short time. She confesses she handed her clients a note with her bank account number, a move she knew that the clinic doctors would not approve of. She asked them to consider depositing something for her daughter's education.

"Krishtina, you find me good clients!" Lata often says to me, half joking, half serious. She is constantly considering doing surrogacy again. But she wants to be sure that this time the clients are "good". To Lata that means that they will take long-term responsibility for the education of her children until they graduate. She wants this obligation in the contract itself. Do I know of someone who would accept that? She hopes it will work out. Without good clients surrogacy is not worthwhile. But with good clients, really good things may happen.

Introduction

Throughout this thesis I have explored how relations developed through the different phases of the surrogacy process. In this final chapter, I have come to the final phase of the arrangement when the transaction and the relation between its parties were "settled". In the following, I will further explore post-contractual relationality, specifically the IP-surrogate relation, with reference to the morality of the exchange and its implications.

The morality of commercial surrogacy as a form of exchange has been addressed in several works. From the US, Ragoné (1994) has described a salient gift rhetoric surrounding commercial surrogacy, both in relations between surrogates and Intended Parents and the agencies' business. Central to this rhetoric is the conceptualisation of the child as the ultimate gift, and altruism among women as a core value, also noted by (Berend, 2016) in a more recent study of surrogacy in the US. Teman's (2010) study from Israel also argues a shifting and ambiguous understanding of the exchange, and the relation following from it, between a contractual one and one of gifts. As noted, the gift rhetoric is much less salient in the Indian

surrogacy context. Yet here, too, a notion of surrogacy as a gift creating lasting social bonds has been noted, though more prominently among surrogates than commissioning parents (Pande, 2011; Vora, 2015).

Anthropological classics have argued that gift and commodity exchange are distinct forms of exchange. Gregory (1982) famously articulated gift exchange as inalienable objects between interdependent transactors, while commodity exchange involves alienable objects between independent transactors. Consequently, as opposed to commodities, gifts are traditionally believed to have the power to create lasting relations between people (Gregory, 1982; Mauss, 1990 [1950]). Parry and Bloch (1989a) hold that there is often an accompanying assumption that the differences between these two forms of exchange will be reflected in a radical contrast in how they are morally evaluated, in the sense that gift exchange will be seen as morally superior to commodity exchange. However, drawing on ethnographic data from around the world, documenting a high degree of variation, Parry and Bloch (1989b) contend that anthropologists' inclination to distinguish clearly between gift and commodity exchange is in fact a product of Western culture, the distinction deriving "from the fact that *our* ideology of the gift has been constructed in antithesis to market exchange" (ibid.:9). Such an opposition, they argue, cannot be taken for granted to apply to all settings.

In this chapter I will explore how surrogates and IPs understood the moral implications of the surrogacy exchange, paying special attention to the interpretation and evaluation of what had been exchanged, addressing such questions as: how was the surrogate's prestation understood by themselves and by the IPs, and to what extent was this contribution seen as reciprocated? What were the relational implications, if any, of the exchange? I will argue a certain discrepancy exists between their respective evaluations and positions, in the sense that many surrogates both desired and felt entitled to more compensation than they received from the IPs – either in economic or non-economic terms, or both – leaving them with a sense of injustice. Most IPs, on their side, considered the arrangement morally settled at the end of the contract, implying the relation could and should be terminated. My discussion will investigate this discrepancy with reference to culturally variable understandings of exchange morality as suggested by Parry and Bloch (ibid.), and the place and meaning of money in close relations more specifically. By this I wish to contribute an account of the interplay between morality and power in negotiations of post-contractual relations. I will argue that universalised notions

of relational morality, particularly the antithetical relation between money and gifts, gave legitimacy to closure of the relation, the outcome preferred by most IPs. Simultaneously, contradicting desires and interpretations of the morality of the exchange on the part of the surrogates were either never heard, constructed as misconceived or perhaps even immoral ("greed").

Lucky Surrogates and Gifts "Out of Happiness"

What Lata expressed in the prologue to this chapter was quite common among the surrogates: a sense that the finalised surrogacy arrangement remained unsettled based on their hopes and, perhaps, that they felt entitled to more from their clients than what they had received, which evoked a degree of sadness, bitterness and sometimes even shame. I often heard surrogates refer to other surrogates who, unlike themselves, had been "lucky". A "lucky surrogate" was someone who had "good clients", i.e. clients who gave more than contractually obligated, such as meetings, prolonged contact and photos and additional material compensation like gifts or even cash. The more valuable the extra-contractual prestations were, material or immaterial, the "luckier" the surrogate was.

At first, Lata's and other former surrogates' discontent with the outcome of their surrogacy arrangement surprised me somewhat. The contract had been fulfilled and they had received payment. Most of them had also received some gifts and perhaps a cash bonus. What made them feel entitled to more? And what made them *hope for* more? Lata's hope that surrogacy might entitle her to a committed, long-term and extra-contractual relation to her IPs echoes how Anand surrogates dream of being "saved" from their poverty by their rich clients (Pande, 2011). This fantasy not only contradicts the neo-liberal image of the commercial surrogate as a professional strictly operating in a market (Kroløkke & Pant, 2012), it also may seem surprising in light of the surrogates' motivation as discussed in Chapter 2. A relation to the client was not a significant part of the motivation; rather, their relation to their own family was. Practically all of the surrogates did receive the amount promised, in theory enabling them to realise the moral project of improving the lives of their children or other loved ones. Then why were they disappointed by their contract-fulfilling clients? And why did such disappointment apparently cause so much emotion?

To some extent, it seems the sense that the arrangement remained unsettled related to the fact that most of the surrogates did not achieve what they set out to do via surrogacy, i.e. change their lives and that of their children. Resonating with other ethnographic accounts of commercial surrogacy in India (Pande, 2010c; Rudrappa & Collins, 2015), a very clear finding in my study was that the long-term economic effect of surrogacy for the surrogates was limited. The money received did not transform their lives or the lives of their families in terms of security and living conditions. For example, I met only one surrogate who had fully realised the commonly expressed ambition of buying a house with the surrogacy payment.[135] Although they had spent the money carefully, it was commonplace for the surrogates to experience that their living conditions changed only briefly.

Lata, for example, had spent most of the money upgrading her home. She bought a refrigerator, new plaster for the walls, tiles on the floor and a water closet.[136] She also installed a window, which the room had been lacking up until then. The rest of the surrogate payment was spent on repaying debts and, later, daily expenditures when Santosh's earnings proved insufficient. Although Lata was very proud of the fact that she singlehandedly had improved the home she provided for her children[137], she did not feel that she was any closer to achieving the social mobility that was her real ambition for them. The family still very much lived from hand to mouth. Like so many working-class people in Mumbai I talked to, Lata felt advancement to the middle class required good English skills, and she was concerned the quality of the school her children attended was poor. Although the school was private and

[135] I had the privilege of visiting this house, a one-bedroom flat in a village two hours away from Mumbai by train. This area had lower real estate prices than more central areas, making the purchase of a house feasible. In Mumbai proper, a smaller house than this, even in a slum area, would in most cases cost more than the amount received for surrogacy.

[136] Initially the WC did not have a flushing mechanism. It took another year for Lata to have this installed with money earned through egg donation.

[137] This contribution may also have improved Lata's position in her marriage, balancing the image of surrogacy as a net loss. Lata had never brought a dowry into her "love marriage", which probably contributed to her relatively low status in Santosh's family. Surrogacy allowed Lata to compensate for this in part, and I did observe her pointing out her contribution more than once. For example, one evening when I visited Lata and Santosh's house, we were all watching a TV show in which a dowry was mentioned. A woman was crying over her in-laws' unreasonable dowry demands. The woman was advised to file a case. This piece of advice made Lata applaud loudly, saying, "Yes, that is right!" expressing her support to the law forbidding dowry practices. Santosh, in his usual teasing manner, responded to this by saying to me (although it was obviously directed at Lata), "I, too, want a dowry! I never got a dowry… Where is my dowry?" Lata turned to him and said (in English), "Your dowry is there… and there… and there… and there," pointing to the tiles, the bathroom, the window and the fridge. She then laughed, looked at me, smiling cheekily, as if saying, "Well, that shut him up!"

officially “an English-language” school, it had not taught them enough English to engage in even the simplest conversations.

As I argued in Chapter 3, the prospect of long-term life transformation for their children helped the surrogates convert the value of money into ethical value, addressing the perceived incommensurability of having a baby for money. I believe the eventual failure to realise such a transformation contributed to a sense of loss. If the surrogacy fee was just ordinary, perishable money, had the surrogate truly been reciprocated for what she had given? Nisha, like Lata, experienced that money ran out quickly although, as mentioned in Chapter 3, she insisted on not having spent “a single rupee” on “wasteful materials”. When I met her only a few weeks after the delivery of the surrogate babies, she had no cash left from the surrogate fee. Apart from the golden necklaces she had purchased for her daughter and herself, nothing had been invested. Besides paying off debts, Nisha had shared generously with her parents and brothers. But for some reason, while not being “wasteful”, Nisha did not expect such sharing to have a lasting impact on her relations or to strengthen her position in the family, where she was regarded as something of a freeloader. Interestingly, while evaluating her net gain from surrogacy, Nisha would take into account a perceived loss of a different form of value: her fertility. She feared that the C-section (the scar bothered her) might make it harder for her to have another child. Nisha’s mother, too, mentioned this to me. The way she saw it, her daughter had gone “straight back to living as she used to”. But now she might not be able to bear more children. Had Nisha really gained from it then?

Along the same lines, Lata would complain that surrogacy had made her lose respectability in the eyes of her in-laws. Santosh expressed it this way on several occasions: “She got money, but she also paid a price”. While Lata’s and Nisha’s potential losses were non-market forms of value, they could, and most likely would, have very palpable economic effects. Nisha’s plan of a second marriage as a means of future economic support would be much less feasible if her ability to bear children was affected. Lata’s moral fall in the eyes of the family affected her children, who were granted less from the grandmother than their cousins, both in terms of

material goods and affection. [138] The loss of respectability due to surrogacy was a lament I heard quite often and Lata's example suggests that in some cases it interfered with a surrogate's financial gain. Moving beyond the strict limits of the economic sphere, the issue has even wider relevance. While surrogacy may have provided a way of trading respectability for money, the reverse conversion, i.e. turning money into respectability, could not easily be achieved, thus the surrogacy fee could not compensate for the seemingly permanent loss of respectability.

Therefore the sort of discontent expressed by Lata and other surrogates cannot be understood in the strict context of the arrangement itself. Unfulfilled expectations based on somewhat exaggerated images of the transformative effect of the money on the one side, and the complex impact of surrogacy on their post-surrogacy life on the other, seemed to influence the retrospective evaluation of the outcome, sometimes resulting in the conclusion that the losses caused by surrogacy exceeded gains, unless you were a "lucky" surrogate. However, I will argue that the sense of additional entitlement went beyond mere material disappointment. The surrogates expected more than the contract entitled them to, simply because they in their own view *gave more*.

"We Do so Much for Them" – Conceptualisations of the Gift

The surrogate's changing expectations towards clients, from a strictly contractual relation to a more complex one, were related to the gradual realisation, described and discussed in Chapters 5 and 6, that surrogacy motherhood did require involvement, i.e. that they performed more than just a job. Teman (2010) and Ragoné (1994) both describe a similar experience among Israeli and American surrogates, respectively, with market exchange as the starting point for their understanding of the exchange, and a gift exchange and – relation towards the end.

[138] During the last phase of my fieldwork, Lata's mother-in-law seemed to move towards reconciliation. She suspended her two-year-period of silence towards Lata and started to come by her house for tea and food on a daily basis. Lata, however, did not take this to imply a change of heart with her *sas*; rather, she assumed the reason was that the two preferred *bahus* (daughters-in-law) were currently unavailable, as one had moved out of the lane and the other one was very weak due to severe morning sickness.

Teman (2010) describes that Israeli surrogates see the instant when the Intended Mother acknowledges the value of what the surrogate has done for her as a *moment of trophy.* Similarly, Lata repeatedly told me about her client Elisabeth's tears, every time with great pride and satisfaction. It was Lata's deed that had transformed Elisabeth's tears from tears of misery to happy ones. Again, like the Israeli surrogates, Lata seemed to view these tears as evidence of the value of what she had given. In fact, many of the Indian surrogates pointed out "bringing happiness" as the most rewarding part of the surrogacy experience, money notwithstanding, and sensing this happiness in direct interaction with the clients and their baby as the best moment of the process.

However, most surrogates witnessed very little, if any, of the happiness they had caused due to the distance of the relationship. Thus, to an even greater extent, what evoked reinterpretation of the surrogacy exchange was their own increasing emotional and ethical involvement in the pregnancy, discussed in Chapters 5 and 6. In Chapter 5 I told the story of Aisha, who found herself relating to the foetus "as if it was her own" as the pregnancy progressed. Giving up the baby had been traumatic to the extent that two years later, she still reported to feel as if "a part of me went away". Aisha was very disappointed with her clients and with the surrogacy experience as a whole. She felt that her clients "had let her down" by simply paying her and then severing relations for good. To Aisha this implied a failure to recognise her "desperation" and her "pain". To illustrate what she had in fact offered, she portrayed herself in contrast with a surrogate stereotype very similar to the ideal one of neoliberal discourse:

Aisha: Some ladies only want their money; they are not bothered about having feelings toward the baby. Their only target is to deliver and take money. But not necessarily, every lady thinks like that. Some do it out of desperation, for the sake of money. They don't step into this readily. [But] I know of ladies who have done surrogacy because they wanted money for a vacation. Not everyone has a sad story behind doing surrogacy.

Kristin: I met ladies who like you feel strongly for the baby, and worry about separation, and I met those who don't feel it so much. What do you think is the difference?

S: The difference is some ladies think of this as a profession, as a job and that through this, they can make a lot of money.

K: You don't feel that way?

S: No. I feel it is my own life that I am giving someone.

Aisha did not feel like she had merely performed a job. In fact, what she felt she had given was "her own life". The way I interpret her, Aisha called for recognition and moral valuation of the suffering she experienced, both the "desperation" which drove her into surrogacy, the pain caused by pregnancy, and that from parting from the baby she had loved and bonded with. What Aisha felt her clients had failed to appreciate was what she had offered outside the contract in the form of gift-giving, i.e. her deep ethical investment. As she saw it, recognising this would make it impossible simply to pay her and never speak to her again.

Aisha's call for acknowledgement resembled Teman's (ibid) account of Israeli surrogates, whose expectations gradually evolve into those of a gift relation rather than a contractual one. In line with this, the Israeli surrogates expect the fact that they have made someone a mother to be acknowledged as a life-long debt. The Intended Mother on her side may be reluctant to acknowledge the surrogate's gift, as it may entitle the surrogate to a maternal relation to the child. Such non-recognition of the gift produces what Teman calls *miscarried relations* between the surrogate and the Intended Mother, causing negative feelings in the surrogate. Given the fact that relations to IPs were so distanced, one could perhaps expect relational miscarriages to cause less distress among Indian surrogates. However, Aisha was far from the only one to have felt "let down" by her clients due to non-recognition.

Saveetha, whom we heard in the previous chapters very firmly denying any emotional attachment to the baby[139], nevertheless expressed a similar desire for recognition of her gift. Saveetha was indignant over the fact that the first couple she delivered a baby for never took the opportunity to meet her in person.

No, I did not meet my clients. They did not come to meet me. I have neither met them after transfer, nor during the pregnancy, and not even after delivery. I have not seen the faces of my clients at all. I felt bad that they did not meet me, because I sacrificed so much for them. We leave back our home, our husband, and kids, come and stay here for nine months, and take medicines, so that they get a child. We do so much for them. The least they could do was to come and say thank you. But they didn't do even that. But we can't help it. Probably, the hospital wanted us to not meet. And when I realised that they were not interested in the meeting, I also lost interest in meeting them. I did not even force the doctors to let me meet the clients, or even show me the baby. My job was to give birth, which I completed, I got the

[139] Yet, she did as we remember regard herself to be the child's "real mother", meaning she might feel that the clients were indebted to her even for the act of giving it to them.

payment, and I left. I did not meet them for all the nine months. But at least, as a courtesy, they should have met me in the end.

"I felt bad that they did not meet me, because I sacrificed so much for them". I interpret this to mean that Saveetha's "sacrifice", in her view, was not fully reciprocated by her payment and her clients therefore owed her something beyond it. Note that the efforts Saveetha described as "sacrifice" (staying at the clinic and taking medicines) were actually included in the contract and, as such, "part of the job".[140] Yet there was value attached to doing this that she felt should be reciprocated by the clients. In this regard, Saveetha separated contractual obligations from moral ones, acknowledging, however, that she was in no position to demand anything ("we can't help it"). This, however, related to the unfamiliarity (possibly caused by the clinic/hospital as Saveetha pointed out) and power imbalance of the relation. Saveetha had no way to put forward her claims. Morally speaking, though, Saveetha felt her clients still owed her something.

"Happiness", "sacrifice", "my own life" – what was conceptualised in different ways by different women, I believe, was the notion that their prestation to the IPs had a gift component that was not compensated by the payment. This gift was not the baby itself, as has been described in other surrogacy contexts. Very similarly, the American surrogates studied by Berend (2016) emphatically deny having gifted a child, as the child belonged to the IPs in the first place. Rather, what they see as the gift is "their willingness to take risks and make sacrifices during pregnancy and delivery" (6). Such a gift cannot be compensated by any amount of money, according to the American surrogates. Although the women I talked to would probably agree that the gift component of what they had given could not be "paid off", *money* was by no means seen as an inappropriate way of reciprocating the gift.

What are "Good Clients" Good for?

(…) We give them the baby and get money, which helps us to improve our financial condition a little. It will not satisfy all of our life wants. But for the clients or the IPs, we have satisfied their want for an entire lifetime by giving them a child. (Nisha)

[140] Also, unlike most surrogates, Saveetha told us she spent very little time away from home during her surrogacy pregnancies.

Accompanying this notion of having given a gift, the surrogates I met, similar to the Israeli ones (Teman, 2010) , would often shift from a language of market exchange to that of gifts when arguing – more or less assertively – claims to additional compensation. Often, such reciprocation was conceptualised as what the clients gave "out of happiness", as opposed to within the framework of the contract. Above Saveetha was quoted saying that as a minimum, clients should meet the surrogate and acknowledge what she had given by saying "thank you". Most surrogates hoped for and expected more than that. Valued contributions "out of happiness" could be both material and immaterial, and material offerings would sometimes be converted into ethical ones through a reinterpretation of its meaning, as we shall see.

Meetings in person both during the pregnancy and after were valued as a form of recognition from the IPs. Even more so was clients' "showing the baby" to the surrogate after delivery. A surrogate who was granted extended time and physical contact with the baby was likely to be considered "lucky". Conversely, surrogates who never saw the baby were "unlucky" and usually expressed regret about it. Neha, who had met the surrogate child regularly since its birth and also received occasional money gifts from the child's father, was considered very "lucky", both by herself and her surrogate friends. Misbah, who had been an agent for many surrogates, including Neha, told me that Neha was in fact the only really "lucky" surrogate she knew of. Fatima, whose first meeting with the surrogate baby was described in the introductory prologue, told me afterwards how happy she was both to see Baby Jacob and to be allowed to hold him. She was very aware that this would happen only at the initiative of the IPs, and had worried before the meeting they would not bring the baby or would deny her contact with it.

I was scared even to see the baby for fear that they may not like it. But when they asked me to take the baby in my arms, I was overjoyed. (…) Very few IPs let the surrogates see the baby. Not everyone. So I was unsure if I could see him again. There were other surrogates who delivered around the same date as me, and most of them did not see the babies. So I was constantly thinking about whether they will show me the baby or not.

Fatima considered herself very lucky to be allowed not only to *see* the baby, but also to meet him several times, hold him for hours and feed him. Contact with the baby was often understood as a token of gratitude and appreciation from the IPs to the surrogate.

Cash – the ultimate means of market exchange – was not seen as an improper counter-gift for the gifts offered from the surrogate, such as parenthood, happiness, sacrifice and pain. In fact, the surrogates usually preferred cash gifts to other common IP gift items, such as sweets,

clothes and jewellery. However, in light of the fleeting nature of the surrogate fee for most former surrogates, the ultimate gift was something *durable*. In a discussion between Nisha and Lata on the issue of gifts, Nisha said:

> *During the pregnancy [the clients] give us chocolate and fruits to keep us happy. Instead they should give us something that lasts; they should pay for the education of our children all the way up to graduation. That way, I would feel that I had done something real for my daughter. Given her the opportunity for a better life. Or at least to avoid the life that I have been leading.*

As mentioned, support for children's education was also Lata's request to her clients as reciprocation for the *happiness* she had brought them. I described in Chapter 3 how temporality and permanence were key factors for a process of conversion of monetary exchange into one of ethical value, i.e. from what Parry and Bloch (1989b) call the short-term cycle of exchange to the long-term cycle. Thus money, with a lasting impact, had a different moral quality, apparently one that could also reciprocate the surrogate's gift of parenthood and happiness. The surrogate fee did not have the same power, as Nisha explicitly pointed out in the quote opening this section ("It will not satisfy all of our life wants").

What Lata and Nisha saw as the ideal counter-gift was for their clients to assume *responsibility* for the children's schooling for as long as it took. Such a commitment extended beyond the monetary value of the school fee, it also constituted a sort of invested relation that acknowledged that the surrogate had transformed her clients' lives. The surrogates considered most "lucky", thus, were not necessarily the ones receiving the most in sheer quantity, but the ones whose clients contributed to a lasting transformation of their lives or that of their children.[141] Bushra was such a "lucky" surrogate, both in her own eyes and in those of her surrogate friends. Bushra's clients, from a Western country, had realised during the surrogate pregnancy that she had a disability. After the delivery of their child, they arranged and paid for a correctional operation. Bushra was beaming with pride and pleasure when she told me about this during our interview:

[141] An anecdote the surrogates frequently referred to in this regard was about the Bollywood-star Aamir Khan, who allegedly "lifted" his surrogate from "the streets" to the middle class, gifting her a small business as a token of his gratitude.

I don't have my husband now. I did not even have money to do the operation by myself. I consider myself lucky, that God[142] *chose me for this work and sent my clients as angels, who have been very nice to me.*

The clients were a gay couple, which Bushra had initially found strange. However she emphatically expressed that she did not have a problem with it, as they were obviously good people. In addition to the operation, the clients kept in touch with Bushra, asking about her needs and fulfilling them at her request.

Just recently I spoke to them, and they informed me that the girl has turned two years old. They said whenever you require any help from us we shall always be available to you. Let us know if you want something. I only told them that I want chocolates. They said they would send it soon (smiles).

In spite of the clients' declared willingness to help, Bushra kept her requests modest. Just shortly after surrogacy her financial situation was as precarious as before. However, rather than asking for her clients' help, she enrolled in another surrogacy contract. Nonetheless, their offer to help was in itself of great value to Bushra, as it implied their continued willingness to be related to her, a relation that both acknowledged that she had given something of herself, and that could possibly provide a last resort of economic security in the future. Pande (2011) observes that Indian surrogates forge ties – real or imaginary – to Intended Mothers as way of resisting medical narratives and procedures that underscore their disposability. Moreover, the Anand surrogates nurse hopes that a long-term bond to a wealthy family can provide a rescue from their desperate poverty, resonating with Lata and Nisha's call for "something that lasts". A lasting relationship, in which the IPs took some level of responsibility for the surrogate, was the ultimate recognition for what she had given. This, however, rarely took place.

"Out of happiness"

Among the participating surrogates, only a handful had stayed in touch with their clients over time. Fatima was one of them, and her example illustrates what could be conceived of as possible and desirable in a post-contractual relation from the surrogates' perspective. In the introductory prologue we heard that her clients declared her "family" during their meeting at

[142] Similar to the surrogates studied by Pande (2011) and Vora (2013) in Gujarat, Bushra, who is a Muslim, has a religious approach to her surrogacy experience: Her recruitment and her clients' generosity was portrayed as a sort of divine intervention.

the consulate. I brought this up in our interview some days later, conducted in the presence of Fatima's husband, Faroukh, who took active part in the conversation.

Kristin: When you met at the consulate, the couple said you are a part of the family now. Do you feel the same way?

Fatima: I felt very happy when they said that. Even if they don't mean it, and just said so for the sake of it, I feel happy.

K: They wanted you to stay in touch with them. Do you want that as well?

F: Yes. They have told me they will send his photos, so I will see how he grows up, what he is doing. So it's good if we stay in touch.

K: They also said that if you have any troubles, any problems in the future, you can turn to them. Do you think you will?

F: No, we won't ask them for anything. For me, it's enough that they talk to us, send us the baby's photos. If they give us something by themselves, out of happiness, we will take that.

K: Could you tell me why… I mean, if they are family, it would perhaps be OK to ask…?

Faroukh: Not necessarily so! What matters is we have formed a relationship with someone who stays so far away, in another country, whom we had never seen, never known. There was no basis for us to bond. But because of the baby, we have now formed this wonderful relationship. They have accepted us as a part of their family. We stand nowhere in comparison to them, but still they call us family. There is nothing greater than that!

Fatima: When I told the other surrogates of my clients, they all agreed that they are good people, and that I should ask something from them (laughs). I said no, I will not ask. If, out of happiness, they give me something, I will accept.

Both Fatima and Faroukh insisted that the ethical value of the relationship was more than enough. In fact, as suggested by Faroukh, notwithstanding the basis for the relation, he felt *they* should be grateful that obviously superior people ("We stand nowhere in comparison with them") were willing to be associated with them at all. Fatima would not ask for any material token of John and George's "goodness", indicating that she did not conceive of such a request as appropriate. However, she would accept a gift on their initiative, "given out of happiness". Fatima and Faroukh's ideal for a post-contractual relation, although they did not readily accept that it really was a "family bond", could easily encompass the exchange of material value as long as it came in the form of a gift or a token of their "happiness" over the baby.

As will become clear later in this chapter, for most IPs the notion of a relationship involving money caused considerable more moral tension. In their discussion about the meaning of money in different cultural contexts, Parry and Bloch (1989a) argue that the inclination to see money as an inappropriate gift due to its perceived depersonalising effects is a "peculiarity of [Western] culture". They argue that this urge to separate money and close relationships is related to a clear distinction between the domain of economy and the domain of moral obligation:

The problem seems to be that for us money signifies a sphere of 'economic' relationships which are inherently impersonal, transitory, amoral and calculating. There is therefore something profoundly awkward about offering it as a gift expressive of relationships which are supposed to be personal, enduring, moral and altruistic. But clearly this awkwardness derives from the fact that here money's 'natural' environment – the economy – is held to constitute an autonomous domain to which general moral precepts do not apply (cf. Dumont 1977). Where it is not seen as a separate and amoral domain, where the economy is 'embedded' in society and subject to its moral laws, monetary relations are rather unlikely to be represented as the antithesis of bonds of kinship and friendship, and there is consequently nothing inappropriate about making gifts of money to cement such bonds .(ibid:9)

In Western culture, thus, money is somehow seen to negate moral obligation. However, as is also argued by Maurer (2006) in his review article on the anthropology of money, there is great cultural variation in the moral meaning assigned to money. It has been argued that money as a technology of exchange has the power to transform the societies into which it is introduced in very similar ways (e.g. Polanyi, 1944). However, Maurer argues, the ethnography suggests that the meaning of money is equally shaped by the social and cultural context, creating a culturally specific meaning. Along the same lines, Parry (1989) argues that while Western culture carries with it a historically produced notion of money and commerce as polluting and dangerous, Hindu tradition views money as far more morally neutral or even positive. Such a cultural difference to some extent sheds light on differences between IPs and surrogates in the meaning assigned to a continued relation involving monetary exchange. By this I do not mean to suggest that the surrogates perceived no potential conflict between money and close relations at all. I did, for example, on several occasions hear women who considered loans between friends problematic, as they could put the friendship at risk. However, exchanging money in a relation based on moral obligation was not itself perceived a problem the way it was among the IPs.

In the view of Fatima and Faroukh, money exchange in a post-surrogacy relation could be morally contained within a certain hierarchical relation. Unlike what appeared to be the case for the Scandinavians, Indian cultural repertoire seems to include some relational categories and models based on sentiment and characterised by inequality and a one-way flow of material resources. Affectionate and committed relationships between domestic servants and employers, for instance, have been described (Tellis-Nayak et al., 1983). Discussing ritual friendship in Central India, which is sometimes characterised by social inequality, Desai (2010) brings in a "script", often referred to by his interlocutors, taken from the story of Lord Krishna and his childhood friend, Sudama, a poor man. In this tale, Sudama needs his rich and powerful friend's help, but cannot bring himself to ask for it. However, Lord Krishna on his own initiative and in secret grants his dear friend a palace. Desai takes the imperative of the script to be that gifts between friends should not be solicited, rather friends should anticipate the other's need and satisfy it without being asked, resembling Fatima's take. As noted also by (Vora, 2013) from North India, the ideal relation Fatima outlines shares some characteristics of the typical patron-client relation. Most notably this goes for the fact that *different types* of resources are exchanged – in the case of Fatima and her clients, motherhood and wealth, respectively. Moreover, patron-client relations usually contain strong elements of power inequality. Eistenstadt and Roniger (1980) note that a "peculiar combination of inequality and asymmetry in power with seeming mutual solidarity expressed in terms of personal identity and interpersonal sentiments and obligations" (50) is one of the major features of such relations. In the ideal IP-surrogate relation, the former's eternal debt and gratitude replaced the self-interest that provides a core motivation in typical patron-client relations. Sentiment, holding such a crucial position as both the "stuff" of solidarity and the only resource flowing from the surrogate to the IPs after the initial gift, i.e. the baby or parenthood given, somehow differed from the instrumentality of patron-client relations. However, the point argued here is that from the Indian surrogates' point of view neither social inequality nor material exchange was inherently problematic in a close post-contractual IP-surrogate relation. They could comfortably be encompassed by the "out-of-happiness" imperative.

The "out-of-happiness" imperative seemed to settle the moral tensions caused by class difference and exchange of incommensurable values, as it fixed the surrogates in a subordinated position and left initiative up to the dominant party. Surrogates had been

explicitly instructed by clinics not to engage in any form of negotiations with their clients, and most refrained from making demands both due to clinic orders and their own judgment of what was appropriate as well as strategic. Some surrogates, however, found ways to convey more or less subtle messages to the IPs about their extra-contractual needs, wishes and expectations. This was risky, not only because it could prevent an upcoming "out-of-happiness" gift (monetary or non-monetary). An element of self-protection was also involved in the reluctance to engage actively in negotiations, be it about holding the baby or about extra money. In Chapter 6, Namrata referred to it as "fear of humiliation". A rejection and possibly a ruined relation had greater consequences than not getting what one pursued. Tahira was brought to tears telling us about how her relation to her clients was severed by them.

[I had wanted to hear from them because] I'd like to see my baby, how she is growing. My clients had told me that even after going back, they would be in touch with me and send me money. I'd like to ask them that if they had no intentions to send money, then why did they tell me so initially? If they could not give me money, they should not have said that.

Notably, Tahira pointed out that a money gift "out-of-happiness" had in fact been announced without her requesting it. She had, however, called the woman who had acted as interpreter in order to renew contact with her clients and possibly start a process in which promises could be fulfilled.

T: (...) I called her twice to ask about how the baby is, and she told me that [the baby] has grown up and has started walking. I asked [the interpreter] to have the client send me [the baby's] photo along with the entire family. The interpreter told me she would ask and let me know. Later, when I got in touch with her, she told me that the clients have refused to give me a photo. (…) I felt very sad. I was heartbroken. That's when I decided I would make no attempt to call them again. If they call me, to speak to me, then I will talk. But I will not call them now.

Kristin: The interpreter didn't give you any explanation?

T: No. She told me that I am sorry, but your clients do not want to send you the photo, and I can do nothing about it (cries).

Her clients' motives for cutting Tahira off so brusquely remain unclear. It might relate to the fact that Tahira had complained to them about the payment received from the clinic, which in her opinion was less than promised. Tahira asked the clients not to bring this up with the clinic, fearing the doctor would sanction her with additional cuts. If clients did bring up such complaints, the clinic might relate a different account of events, which could lead the clients to mistrust Tahira. Of course, there might also be some relevant information that Tahira did

not share with us. The point demonstrated here, nonetheless, is that Tahira's experience of rejection hurt her feelings badly ("heartbroken"), and the pain continued to affect her more than a year after the event. For surrogates, therefore, pursuing a relation to the IPs was far from risk-free, as a rejection could inflict heartfelt humiliation and shame.

Unfulfilled Expectations – Unarticulated Interests

A couple of days before my Mumbai fieldwork concluded, Lata and I went shopping for my farewell party. We passed the coffee shop where she once met with her clients. She told me the story again, about how Elisabeth cried and Lata handed her the note with her bank account number. Then she added, her face serious, confident that I would not be offended by what she was about to say, "I gave nice-nice gift. They not give. I am sad."

Teman (2010) argues that unfulfilled expectations surrounding the surrogacy exchange and the relation to the Intended Mother tend to make the Israeli surrogates feel used, violated and fragmented. In this chapter, I have described a similar experience among Indian surrogates, who were often discontent or even unhappy about the outcome of their surrogacy arrangement, comparing themselves to "lucky" surrogates who were rewarded outside the contract. I have argued that such unfulfilled expectations to some extent related to the fact that surrogacy did not lead to significant transformation of their lives in material terms. However, despite crucial differences in their overall experience, Indian surrogates shared with the Israeli ones a heartfelt desire for recognition, in material and/or relational form, for the moral value of what they had given to their clients, the extra-contractual gift. The most "lucky" surrogates were those whose clients reciprocated the gift by offering a post-contractual relation. I have argued that, to the surrogates, there was no binary opposition between a relation motivated by money and a relation motivated by ethical values such as gratitude and love.

The experience of not being fully reciprocated typically created a sense of injustice and humiliation similar to what Teman describes from Israel. However, discontent was usually expressed cautiously rather than assertively, as illustrated by Lata's narrative of her clients and her relation to them. Power relations, manifest in both clinic's regimes for client contact and the surrogates' more internalised restrictions in this regard, ensured that surrogate discontent, like their understandings of their moral bonds to the surrogate child, remained

poorly articulated, ambiguous and sometimes inconsistent, far from forming the base for an articulation of demands or conflicting interests. Moreover, as we shall see, even when these were articulated, other processes involving power would contribute to their silencing.

Ending Intimate Distance: Creating Closure

While many of the surrogates, as we have seen, desired more than they received, the IPs in general were convinced that the surrogacy arrangement produced mutual satisfaction. In line with this, they felt that closing the relation at the end of the contract was in the best interest of all parties. In this case, too, the IPs largely based their understandings of the surrogates' experiences on imagery of surrogate subjectivity, as well as on narratives provided by the clinics, rather than interaction with the individual surrogate. In the following, I will argue that IPs evaluated the arrangement with references to universalised ideas of the ethical sides of relationality, i.e. what was a good and right relational outcome of the surrogacy arrangement. Specifically, this was manifest in the notion that a continued relation was morally problematic and too complex to deal well with, and that closure was therefore in their best interest, not only for the IPs, but also for the child and the surrogate.

Gratitude and Closure

At the end of the process, semi-ritualised post-delivery meetings between the parties provided an occasion for direct interaction, for many the first and last of its kind. Consequently, great meaning and importance was attributed to the meeting and most considered it a moral obligation, both as a way of expressing gratitude and as a means of making sure she had not been "exploited", i.e. making sure she was content and unharmed. Most of these meetings took place at the consulate in connection with official paperwork[143]. Some of the clinics arranged for a meeting on their premises, separate from the legal process, with the sole purpose of facilitating contact between the parties. In both cases, the surrogate's first meeting with the baby and gifts were essential exchanges, practices charged with symbolic meaning and "speech" about the relation as far as the IPs were concerned.

[143] Documents required for transferring legal parenthood were drawn up and signed.

However, direct interaction notwithstanding, post-delivery meetings were often experienced to give rise to confusion as much as communication and new knowledge. Questions the IPs had prior to the meeting regarding the individual surrogate's desires and emotions, potentially of great ethical importance, remained unanswered. Matias, for instance, had been unsure whether or not to bring his twin girls to the consulate. He eventually did so at the request of the consul, but remained uncomfortable with the fact that he had not made sure the surrogate in fact desired to see them.

I am unhappy that it was in fact the consul who made that decision, and not [the surrogate] who decided whether or not she was going to see the children. Because I think that it may have been hard on her, that moment of seeing the children. At this point, she had not seen them yet.

Finding it meaningless to ask the surrogate about her wishes "after the fact", to this day Matias remained unsure about whether or not he did the surrogate wrong by bringing the babies. Similarly, Martha had not been able to assess the meaning and desirability of baby photos for the surrogate.

What I am really unsure of is whether or not she would be interested in a photo. It annoys me that I didn't ask her about it - ask her, "Is that something you want, could that be fun for you or is it just… Tell me, honestly, *do you want it or not? Would it be nice for you or is it just… Do you just sort of want to put it behind you?"*

Martha did not want the surrogate to accept photos for any other reason than her own genuine desire ("*honestly?*"), as she worried about imposing expectations of emotional involvement on the surrogate. At the core here was the question of the surrogate's perception of the meaning of the exchange and, as a consequence, what token of validation Martha and Axel should offer her. They never became any wiser about this, not even after the meeting. The distance of not knowing prevailed in spite of their direct interaction, complicating the IPs' ethical work but at the same time preventing open articulation of conflicting views.

Corresponding with the surrogates' expectation of extra-contractual offerings, post-delivery meetings usually included gift exchange. In fact, gifts from the IPs to the surrogate at the end of the contract seemed to be standardised to the point of compulsory. In quite a few of the cases, the economic value of what was given was substantial.[144] The symbolism of this gift

[144] Clinic A strongly recommended gifts, although they explicitly refrained from suggesting contents and value, underlining that this was entirely up to the IPs. Clinics, including Clinic A, seemed to advise against – or even try to interfere with – substantial cash gifts. Most IPs, however, did not acknowledge clinics as a concerned party.

giving, i.e. gifts as a way of "speaking about" the surrogacy arrangement and its implications remained heavily influenced by the multidimensional distance of the relation. Shortly after delivery, Simon and Phillip had their first physical meeting with the surrogate[145] and her family at the clinic, with a clinic staffer present translating. In our interview, the couple engaged in elaborate interpretations of some events of this meeting, especially the gift exchange. The interaction with the surrogate and her family had left them confident that the process had not harmed her; she appeared content and healthy. As described in Chapter 6, the surrogate did not display any strong emotions at being offered to "see the baby". Simon and Phillip had expected their "showing of the baby" to be "the grand moment", something "special". The surrogate, however, just held the baby for a moment and gave it back. Although the couple took this as evidence that her relation to the child was as it "should be" (not too attached), Phillip admitted to having felt a bit disappointed, feeling the urge to ask her to hold the baby a little more. Phillip's expectations echo how the surrogates talked about "seeing the baby", as a counter-gift, and his discomfort over her relative indifference related to the fact that she might not fully accept this gift.

Adding to the couple's slight puzzlement over the surrogate's disinterest in the baby was her reaction to their more conventional gifts: watches for the adults, modest toys for the children. The surrogate did not seem pleased. They had the feeling she somehow found the gifts inappropriate. The couple had tried to convey the intention behind the gifts via the interpreter, to make sure their message was received:

We said, "This is our culture, and there are no words, no presents, no object that can express the gratitude we feel for what you have done." We asked them to translate that several times. And we cannot show that in any other way, but we will try, kind of. And… Yeah, there really are no words for the gratitude we feel towards her. And she really understood that, and she liked it. (Phillip)

Although they believed the surrogate had accepted this underlying meaning, the couple continued looking for explanations for her slight disapproval for the gifts. Phillip suggested that she might have disliked the fact that they had brought gifts for the children without her authorisation.

---

in this matter and ignored their advice. In my IP sample, I noted bonuses up to 1 lakh rupees, around EUR 1 500.

[145] The surrogate's name was never mentioned to me by Simon and Phillip, so I have not given her a pseudonym. Like the couple, I refer to her to as "the surrogate" or "the surrogate mother".

But then I don't know… that we gave gifts to the kids… It occurred to us afterwards that perhaps we should have asked her. But then again, what the hell! In our culture we like to give to the kids too, and to the husband. Because we feel indebted to her.

In this view, different gift cultures may have complicated the delivery of the message "we are indebted". A little later Simon suggested yet another explanation.

(…) We had a special feeling about our surrogate the first time we met her. And that was the feeling that she really does this – partly for the money, of course, naturally – but she really does it because she wants to give a… She was very religious, and I really felt she wanted to give a gift. And we noticed this now, when we met her, she… [Phillip] told her about the gratitude that we felt and she kind of answered, "Yes, but you are welcome. That is the gift I wish to give." Her whole expression told you this: "This is my gift". So I think it becomes very weird for her when we start giving her presents.

In Simon's interpretation of her reaction the gifts became a negation of what she had given: the surrogacy pregnancy. *She* was the gift-giver. Simon assumed the ethical value for her to be related to religion, not to him and Phillip specifically, suggesting that God will take care of her reward, making the couples' reciprocation in form of trivial gifts insignificant and even undesirable.

Simon and Phillip seemed quite convinced that what displeased the surrogate was not what the gifts were, but what they *said* or, rather, that such symbolism went unrecognised. As elaborated by Phillip above, the gifts were meant to symbolise "gratitude", an expression widely used by the IPs to address the non-economic value of what the surrogate had done for them, that which was not necessarily reciprocated by the surrogate payment. Some IPs (but far from all) like Simon and Phillip, felt that this "indebted" them to her, quite similar to the "happiness" the surrogate hoped would motivate IPs to reward them outside the contract. By offering gifts, such a debt was acknowledged by Simon and Phillip. However, gifts were not meant to "settle" such debt, as any material gift would be inferior to the gift of making someone a parent. This notion can explain why Simon and Philip did not consider the possibility that the surrogate was in fact displeased by the content or, perhaps, the value of their gift, which may very well have been the case in light of the surrogates' account of these matters, as discussed above.[146]

[146] This interpretation literally presented itself to me a couple of hours after my interview with Simon and Phillip, when Santosh shared his disappointment over the watch Lata's clients gave him, described in the prologue to this chapter. Later, when I asked my research assistant Nausheen for an Indian view of the "puzzle" of the unhappy surrogate, her suggestion was that the couple had misinterpreted the surrogate's reaction.

Thus, in the post-contractual commercial surrogacy context the gift occupied an ambiguous position in terms of moral categories; it was meant to both acknowledge the ethical value of the surrogate's contribution and to terminate the relation ("settlement"). As mentioned, the IPs' gift-giving was often extensive. Peter and Carl, who were usually reluctant to problematise the business nature of the surrogacy transaction, and from whom I never heard any mention of "gratitude" towards the surrogate, also gave gifts high priority. Peter, who is "the organiser of the family", offered gifts on several occasions, before and after delivery, either sent or delivered personally. The gifts were in the form of cash, a book about his home country, shampoo, pieces of jewellery and dress material (Peter had noticed the colours of her clothes on previous meetings and chose the material according to what he judged to be her taste). To the dress material Peter attached an envelope containing INR 2 000, money intended to pay Aalia's husband, a tailor, for making her clothes.

The efforts Peter made in personalising the gifts were quite unique and remarkable, and brings to mind Mauss' (1990 [1950]) theorisation of the *hau* ("spirit") of the gift. Mauss contends that the gift object is believed to carry something of the giver, the *hau*, connecting the giver and the recipient. Given the thoughtful nature of Peter's gifts, he did indeed put something of himself into it, in some cases very explicitly (e.g. a book about his country). The symbolism somehow contradicted Peter's claim that the ethical aspects of the relation were limited to his responsibility in case the surrogate was harmed by the transaction ("exploited"). Yet, by giving something of himself, he could be interpreted on some level as acknowledging that the surrogate also had given something of herself. Furthermore, the gifts could easily be understood as a complex symbolic speech about relationality and identity: the book showing where the child is going acknowledges Aalia's interest in, and possible bond to, the child. Her presumed favourite colour for the dress material acknowledged Aalia as a person, addressing her specific desires and preferences. The work order to the husband for Aalia's dress was

---

altogether. Reservation of expressions of gratitude could also just imply that she felt *entitled* to the gifts. Nausheen used an analogy to illustrate: "If your mother gifts you something for your birthday, you probably wouldn't thank her, as she is expected to give you something". Nausheen's choice of an example made it very clear to me how proper reception of a gift could become an issue of confusion in Indo-Scandinavian encounters. As a matter of fact, the year I forgot to thank my mother for a birthday gift, she called me up and reminded me to thank her.

particularly complex and perhaps even paradoxical. The gift "talks about" several social relations, highlighting the husband-wife relation, simultaneously creating a gift relation (between Peter and Aalia) and a business relation (Peter and the husband). At the same time, Peter somehow connected himself ethically to Aalia's husband by involving him in his gift.

Interestingly, when I asked Peter's husband, Carl, about these gifts, he explicitly toned down their significance, underlining that Peter would put his best effort into any task[147], suggesting that what the gifts really "spoke" of was Peter himself. Carl gave his interpretation by returning to an analogy he had used before: the relation to the carpenter building his kitchen. The book for the surrogate could be compared to the six-pack of beer they might leave for the carpenter along with a note wishing him a nice weekend. Carl underlined that even business transactions have some component of "human touch", the degree of which goes from a minimum, in for example banking, to surrogacy, in which there is "quite a lot of human touch". The gifts for the surrogate, however thoughtful they were, were within the framework of the business understanding of the relation and aligned with the typical extra-contractual offering to service workers: the tip. While acknowledging that the worker has indeed given something of herself ("good service"), the tip-as-gift did not interfere with the closure of the relation.

Resonating with this, quite a few of the IPs preferred to offer cash gifts to the surrogates. They also assumed that cash was preferred by the surrogates. In view of Parry and Bloch's (Parry & Bloch, 1989a) claim that for Westerners there is something "profoundly awkward about offering [money] as a gift expressive of relationships which are supposed to be personal, enduring, moral and altruistic" (9), it can be argued that cash was seen as appropriate and non-awkward because it was not expressive of a relationship at all. In fact, the lack of *hau* was quite explicitly stated as the advantage of cash as a gift; some IPs pointed out that any symbolism would seem somewhat contrived in this particular relation between de facto strangers. Moreover, given the assumption that the surrogate had engaged in the transaction solely, or at least primarily, for monetary motives, why would she be interested in a gift containing "something of the giver"? The money paid, thus, may not really have been a gift. The term "bonus", connoting an employment relation rather than a personal one, was

[147] That Peter takes great effort in anticipating and satisfying the desires and preferences of significant persons is indeed an observation I share, after having been his guest on numerous occasions.

often chosen over "gift". Nonetheless, the cash bonus was often delivered in a gift-like wrapping, placed in a new purse or handbag or in a gift envelope, illustrating its ambiguous place in between economies of work and gifts, conveying a perhaps somewhat ambiguous message: we are forever grateful and you will never hear from us again.

The examples given highlight how communication remained characterised by distance, which was not overcome by physical meetings or a symbolic language of relationality. Without sufficient common cultural references, the symbolic speech could go equally undelivered as the verbal one. Nevertheless, for most of the IPs, the meetings and the gift exchanges were experienced as a completion of "avoiding exploitation". In most cases, this meant that the relation was morally settled and could be terminated. Generally, the IPs saw no signs of the surrogate having been "exploited", i.e. harmed by or unhappy about the experience in any way. Quite the contrary, in general surrogates were perceived to be happy and satisfied. Roger and Susanne were enthusiastic about their two meetings with the surrogate and her family:

Roger: (…) We met her and the husband and the two kids at the consulate – we went there for the DNA test (…) And it was a very reassuring meeting, they appeared… I would almost say proud, seeing what they had taken part in as something very good. And her husband – very nice, very calm and polite… So everything was just great. (…) The consul asked her if she would have wanted to be our surrogate again, and she said "yes" very quickly.

Susanne: It was really good to see… that things are in fact not the way journalists and politicians [in our home country] portray them, not at all. We got no feeling she was in [a difficult situation].

Despite their critical gaze, the IPs saw nothing suggesting the exchange was not ultimately beneficial to the surrogate.[148] Thus, both the legal and the moral contract were fulfilled, meaning that the IPs could terminate the relation without conflict with their moral subjectivity. In fact, as we shall see, terminating the relation was by most seen as the most ethical thing to do.

[148] Among my 15 IP "units" who went through this phase of the surrogacy process, there was only one exception: Nina and Frank, presented in Chapter 6. In their case, the surrogate's behaviour and reactions evoked considerable concern that the process had harmed her. However, as described in Chapter 6, these worries were mostly settled during a second meeting, in which the surrogate appeared far less troubled.

"Economically Motivated"?

After delivery, most IPs in my sample did not "need" the surrogate beyond the completion of the legal procedure, with the exception perhaps of the cases in which the surrogate was given a maternal role, as discussed in Chapter 6, cases to which I will return towards the end of the chapter. Thus, the only possible reason for maintaining a relation would be a perceived wish to do so on the part of the surrogate. Given that the surrogates I talked to expressed interest in such a relation, it may seem paradoxical that nearly all IPs in my sample nonetheless terminated their relations with surrogates as soon as the legal procedures were completed. In this section I will argue that in the IPs' understanding of post-surrogacy relational ethics – drawing on culture-specific ideas which were often perceived as universal – the relations desired and sometimes pursued by the surrogates were morally problematic due to their motivation. Such an understanding, I argue, made closure a more moral option than engaging in a relation after all.

The perceived moral perils of a post-contractual relation were to a large extent effects of the intimate distance discussed in Chapter 4. The IPs worried about marking necessary boundaries in a situation characterised by sociocultural distance and impaired communication, doubting that they would be able to make their terms clear and accurately interpret the surrogates' motives and desires. Even more importantly, the issue of incommensurability, also discussed in Chapter 4, emerged in a new form in the post-contractual phase. At heart here was the surrogates' motivation for a continued relation to the IPs. Such motivation was understood by the IPs in a quite binary way, as either pursuit of a relationship or of money. One case illustrating this distinction was that of Peter and Carl and their relation to Aalia. The story opening Chapter 6 presumably ended with the meeting in which Aalia was perceived as expressing a desire to terminate the relationship, but such was not the case after all. Almost a year after Sophia's birth, Aalia contacted Peter. Peter, who had asked the surrogate to get in touch "if she needed to talk to him", readily hired a translator in order to find out what she wanted. Aalia, it turned out, wished for photos of the child and financial help to buy herself a house. Peter acknowledged her wishes and wanted to comply with Aalia's explicit desire for updates and photos of Sophia. However, he underscored that he did this for her, not for himself, and not for the children. He maintained that his children had two legal and social

parents and that a "mother figure" was not required.[149] Although Peter and Carl did send Aalia "some money", unlike the moral obligation they felt to grant her the relational resources she requested (photos and updates), they did not feel obliged to contribute to a house. When I discussed this with Peter approximately a year and a half later, he admitted he felt Aalia's interest was "mainly economically motivated", implying that he found that such motivation, although not exclusive, stood in opposition to a genuine pursuit of a relationship. Peter underlined that he was not passing moral judgment on Aalia for attempting to get money from him under the pretence of wanting a relationship to Sophia. He assumed she wished to improve the situation for her children, and was trying all available means to do this. "You and I would do the same for ours, wouldn't we?" he asked me rhetorically.

Such sympathy notwithstanding, "economic motives" were perceived as highly problematic. I have argued that the surrogates did not understand their own motives with reference to a clear distinction between their desires to stay in touch and their hopes for monetary gifts; rather, they could rather easily conceive of a relation involving both. For the IPs, on the other hand, "economic motives" seemed to threaten to undermine any non-economic motive expressed by the surrogate, as the latter might just be a way of disguising the former. Engaging in a relation on such false premises seemed risky and uncomfortable, as we shall see, because it made the IPs vulnerable to potential boundless material desires of the surrogate, which would be not contained within the moral boundaries of a truly ethical relation.

"I wish she hadn't asked." Gift Relations and Surrogates' "Greed"

(…) We have been a little lucky, I think, with the surrogate. It really seems as if she has been thinking, "I want to give a gift, and they will give me money for it, which is good for my children." But I have heard of other surrogate mothers who might have… (…) [Name of other IP], who we know, he gave a gift, I think it was around [EUR 500], to the surrogate mother. When he visited the clinic later, other surrogate mothers who had heard this approached him and [said], "If you want more children, please contact me!" (…) Our surrogate mother would never have done that! (Simon)

While surrogates were "lucky" to have IPs who were willing to give beyond the contract, IPs seemed to consider themselves lucky if "their" surrogate's desire for economic reward was

[149] Carl and Peter informed the children about the women who had contributed to their procreation, and kept possibilities open for the children to pursue a "mother figure" at some point.

somehow restrained. As discussed in Chapter 4, non-monetary motivation was valued, as were expressions of an ethical reward for the surrogate involved in the process, such as satisfaction brought about with helping or religious blessings. In addition, as indicated by Simon above, surrogates who openly expressed their desire, or even demand for, extra-contractual money evoked discomfort.

In Chapter 5 I quoted Dr Nazreen who pointed out that protecting the IPs from the surrogate's "greed" was one of the clinic's functions. IPs treated this issue with some more discursive caution; I never heard an IP use the word "greedy" in this context, and certainly not when referring to their "own" surrogate. Yet the peril Dr Nazreen referred to, that is an assumed inclination with some (or most?) surrogates to pursue economic reward beyond the contract, along with a need for protective measures against this, was very much recognised and addressed by the IPs. Given how common bonuses and gifts were, there was not a general unwillingness to give outside the contract. Rather, what caused discomfort, often conceptualised as "economic motives", was the risk that surrogates might exploit an extra-contractual gift relation in order to pursue economic self-interests. Moreover, the possible *endlessness* of the needs and/or desires motivating such a disregard of moral boundaries, made the risk even greater: where would it end if one entered such an incommensurable relation where the one party was motivated by gratitude, happiness or simply kindness, and the other by a desire for money? Note again that although this risk was generally acknowledged, most IPs presumed that a certain proportion of surrogates, mostly including their "own", possessed individual moral qualities distinguishing them from the "greedy" ones, as exemplified by Simon above. However, given that the IPs did not really know the surrogate personally, there was always a risk that the moral integrity they desired was wanting. Thus, most saw it necessary to maintain boundaries to a certain extent.

Above I discussed a few examples of surrogates actively asking for extra-contractual contributions from clients, finding ways around the clinics' attempts to prevent such requests, hoping that the IPs would agree that they were entitled to more. Benjamin and Christopher received such a cleverly devised, "discreet" inquiry, a turn of events they seemed quite uncomfortable with. The couple met the surrogate Poonam for the first time at the clinic some

weeks after delivery.[150] To this meeting they brought fairly modest gifts for Poonam, following advice from the clinic. Over the weeks to follow, the couple became aware of how common cash bonuses were, and decided they also wanted to give Poonam some extra money. However, before they found a chance to organise this, their meeting at the consulate was scheduled. On this occasion Poonam brought a wrapped gift for the baby. When the couple began to unwrap it, Poonam signalled to them not to. Back at the hotel they opened the gift and realised what it was Poonam did not want out in the open in front of the clinic representative and consulate staff[151]: Hidden between numerous little pieces of matching baby clothes, she had left a piece of paper with some words written on it. Benjamin and Christopher showed me the note. It was written in very poor English, informing that Poonam had two children, was divorced and lived with her mother. The words "house problem" and "please help" were repeated. At the bottom of the note was written a bank account number, followed by the words "help me".

"I wish we had gotten a chance to tell her we were going to give her a bonus, before she asked," Christopher commented. Benjamin added that he felt there was something degrading about the request for Poonam. Asking for money this way, highlighting her poverty and vulnerability, in a note hidden in what appeared to be a gift for the child, put Poonam in an unflattering light in Benjamin's view. I suspect that a variety of "greed" is what Benjamin was getting at by choosing the word "degrading"; however, both he and Christopher were unwilling to criticise Poonam for this move. Instead, they suggested that the request did not originate from Poonam after all. Instead they cast suspicion on the surrogate's mother. They had met her at the hospital while awaiting their child's birth and later at the clinic with Poonam, and felt she had given the impression of being somewhat manipulative ("pulling the strings"). I believe this indicates an inclination to attribute moral integrity to one's "own" surrogate that I noticed with many IPs. Expressions of "greed" were thus explained in terms of her vulnerable position in class and gender hierarchies, exposing her to manipulations of "greedy" others, such as husbands, agents and, as in Poonam's case, mothers.

[150] I never met Poonam, and base my description of the events exclusively on Benjamin and Christopher's account.

[151] While not opening a wrapped gift handed to you would be considered quite impolite in Scandinavia, it is not customary in India to open in the presence of the giver.

However, apart from raising doubts about Poonam's moral integrity, her initiative seemed to undermine the agency of the gift in the couple's view; now the money would appear to be a response to her request, rather than a "genuine" gift, which they felt had to be offered spontaneously. Resonating with the surrogate's notion that extra-contractual offerings should be given "out of happiness", the IPs preferred it to happen on their own initiative and terms as well. Apart from the superior moral value of a gift offered without request, this was also about keeping order, i.e. marking boundaries and staying in control. A positive response could be read as a signal they were open to requests for money and would respond positively to them even in the future. I believe the wish to retain initiative and control the terms of gifts and bonuses reflected a perception of surrogate needs and desires as possibly endless, potentially escalating requests and demands if not managed. Both IPs and clinic staffers referred to this risk. However, I rarely heard of IPs who had in fact experienced "out-of-control" demands. The following example comes closest.

Robert and William were among the last IPs recruited to my study. When I met them in their Scandinavian hometown, their departure for India to pick up their child was imminent. At this point I had recently finished my Mumbai fieldwork. Planning their interaction with the surrogate, they explicitly asked me about my impressions of surrogates' wishes and expectations with regards to gifts, bonuses and prolonged contact as well as their motives and experiences. To this I responded that, to my experience, many surrogates would hope for bonuses and some contact. Yet I refrained from assuming anything about the surrogate in question, recommending them to seek this information from the surrogate herself. Possibly, in part as a result of this, the couple went to Mumbai determined to engage with their surrogate with the hope of meeting her expectations.

I Skyped with them only a couple of days into their stay in Mumbai, and learned that their dealings with the surrogate[152] had grown somewhat uncomfortable and confusing almost immediately. After the first meeting, which happened coincidentally at the hospital where the surrogate was admitted awaiting delivery, she had called them, telling them via an interpreter that she was not happy about the payment she had received from the clinic.

[152] Robert and William, too, consequently referred to their surrogate as "the surrogate". Reflecting this, I have not given her a pseudonym.

The thing was… In fact, she hoped for more money. [She told us that] she stayed with her mother and her mother was sick. Or… perhaps it was that her siblings wanted to throw her out of the house. I don't remember exactly, but it was something of the sort. She wanted to buy herself a flat, so she asked us for [EUR 4 500]. (Robert)

Robert and William were uneasy with such a request at this stage, her being pregnant and delivery still pending. Thus they assured her that they would "help her a little", but postponed the discussion until after delivery. They also made it clear that the amount stated was outside the scope of what they could contribute, taking into account their average income and the extraordinary expenses of the surrogacy process. Some weeks after delivery the parties met again at the consulate. Gifts and a bonus of around EUR 700 were handed to the surrogate. The couple also invited her to lunch, an offer she declined.[153] A couple of weeks later the surrogate called again with the help of someone translating into English.

William: [She said] "How is the baby?" "The baby is fine, how are you?" "We are fine. You give me money!" "Weeell... No!" (laughs). I tried to explain to her that that is not how it works; did she need our help with something? Is there something wrong, something the matter, do you need our help? But no, that was not it. Just: "You help me". So I told her, "Not now. Later." Then they hung up.

"That is not how it works," William told the surrogate, indicating both that *he* set the terms and that the surrogate was not acting accordingly. Unless there was some extraordinary situation ("something wrong"), the surrogate was supposed to wait for an initiative coming from Robert and him. Nevertheless, she continued to cross what Robert and William saw as clear and reasonable boundaries marked by them. When I met them back home a couple of months later, the surrogate had called numerous times, and also sent text messages expressing her disappointment over what she saw as an unfulfilled promise of helping her. Although neither enraged nor frightened by her behaviour, the couple found the situation untenable, and decided to give the surrogate a friendly, but firm message in order to put a stop to it. In a letter sent by post, they had enclosed a couple of photos of the baby and some rupee notes left over from their Mumbai stay, requesting the surrogate to refrain from asking for money.

Robert: We [were] quite firm. We did not say, "please stop pestering us", though. We wrote that if this is how it is going to be, there will be no more [money]. That was what we wrote, in fact.

[153] Although the surrogate was very friendly and expressed joy in seeing the baby, eating at a restaurant with two men obviously unrelated to her would feel awkward, Robert and William were told by the interpreter they had hired for the occasion.

Despite finding her behaviour challenging, the couple did not wish to cut her off, and they were motivated to help her in the future. However, they were clear this would happen on their terms, and in addition to the firm message they would demonstrate their position by holding back money until the undesired solicitations stopped.

Given the discomfort evoked among other IPs from far less assertive requests from surrogates for extra-contractual offerings like, for example, Christopher and Benjamin, I was in fact somewhat surprised how relaxed Robert and William were in the end given how their relation to the surrogate evolved. Talking to me about it, they underlined that they found the frequent contact mildly irritating, but not upsetting, and they told me the story in manners underscoring the comical aspects of the situation. I believe the reason for this relative easiness was how they categorised the relation. Rather than a gift relation implied by surrogacy, Robert and William saw their post-contractual relation to the surrogate as one of charity, motivated by a universalised and general obligation to "share with others".[154] Although this in some way corresponded with their understanding of the surrogacy arrangement as a form of aid, continued economic contributions were not seen as an obligation following from her acting as their surrogate. Given that she had not been "exploited" (forced into and/or harmed by the process), Robert and William felt that their moral obligations towards the surrogate ended with the fulfilment of the surrogacy contract. They explicitly denied "owing" her anything, stating that they could halt money transfers anytime they liked, thus marking clear boundaries. They claimed that the surrogate was a suitable and worthy candidate for a form of charity they would have contributed to someone in any case, for instance as a PLAN[155] sponsor.

Parry and Bloch (1989a) note that charitable contexts are a significant exception to the perceived inappropriateness in Western societies of money as a gift. According to Parry and Bloch, this has to do with the impersonality of the relation between donor and recipient in such an arrangement. Although the relation in question here was not impersonal in such a sense in the first place, reconceptualising it as a charity relation, their past relation was

[154] Robert and William displayed this same ambition at their first arrival in Mumbai: they had brought an extra suitcase filled up with clothes from friends and family, which they distributed themselves at the edge of a random Mumbai slum area.

[155] International aid organisation.

somehow rendered irrelevant. The fact that the recipient was not a total stranger could add extra meaning to the charity relation ("more fun"), yet the stated motive still complied with a more general moral obligation to share, not to reciprocate her act as a surrogate. Thus, the relation could contain her "economic motives" as well as firm boundaries and a sudden withdrawal if terms were not respected, as opposed to a gift relation springing from "gratitude".

"Grey, Diffuse and Unclear"

Although experiences like that of Robert and William were not common to my knowledge, the risk that the relation could get "out of control" in such ways seemed to contribute to the IPs' desire to close it. This, I will argue, partly had to do with the fact that most IPs, unlike Robert and William, struggled to find a relational category that could provide meaning and moral boundaries to a post-contractual relation of intimate distance.

For most others, the post-contractual IP-surrogate relation could not be fit into any existing relational category, and this liminal quality was seen as part of the problem. In my interview with Benjamin and Christopher we explored possible categories.

Kristin: You told me earlier that you are not friends [with the surrogate] nor will you be in the future. (…) Could you say something about how you characterise the relation between you? What sort of relation is it?

Christopher: The less you think about that the easier it is to deal with it. Because it is a very grey and diffuse and unclear field. To deal with the clinic is a lot easier than dealing with the surrogate mother, as the clinic is a business. But we are… customers, or clients [to the surrogate].

Benjamin: But coming close to "acquaintances"…

C: We are strangers, though?

B: Yeah, but I feel we are still in a way acquaintances because of Gabriel.

C: Yeah, maybe…

B: We will have Gabriel as a link there, one way or the other.

The relation was "very grey and diffuse and unclear" and could not be resolved by thinking about it. There were no suitable categories in Christopher and Benjamin's cultural repertoire, not family, not friends, not exactly customers after all (as opposed to the fair and square

relation to the clinic), maybe acquaintances, but not really as they were in effect strangers to each other. The fact that the surrogate may have felt related to their baby, and the child – possibly, in the future – to her, complicated the matter further, making the distance intimate, as elaborated in Chapter 4.

Yet such a possible bond did not imply kinship or any other specific relation between the surrogates and the child's parents. In Christopher and Benjamin's view they were individuals different on so many levels that any category of non-market relation was hard to conceive of. Above I argued that, for the surrogates, a hierarchic "out-of–happiness" relation resembling patron-client seemed to harbour both sentiment and unilateral money exchange. For the IPs, such a relation, disturbed by the "noise" of inequality, difference and exchange and the general discomfort concerning "economic motives", did not fit within any available non-kinship category.

"Friendship" may be the most common way of conceptualising close, non-kin relations in Scandinavia. To most IPs, however, to label the IP-surrogate relation "friendship" was highly inaccurate, as this relational category had specified qualities which conflicted with intimate distance. In its ideal form, friendship is purely based on sentiment, and should not be motivated by material concerns (A. Desai & Killick, 2010a). Thus, friendship required a surrogate who could be trusted not to have "economic motives". In addition, while friendship in many cultures can encompass social inequality (A. Desai & Killick, 2010b), the Western middle-class notion of this relation has been observed to favour equal relations (Paine, 1969). Paine (ibid) also points out that friendship is based on persons paired in the same role to each other, as opposed to most other relations (e.g. parent-child, husband-wife, doctor-patient). Evolving such a relationship from the ambiguous starting point of commercial surrogacy and intimate distance seemed highly unattainable, if even desirable.[156] Hence, no longer regulated

[156] A note on gender and the production of sameness and difference: In Israel, female solidarity and identification provides an important basis for the dyadic Intended Mother-Surrogate relationship (Teman, 2009, 2010). From the US too, intimate relationships between Intended Mothers and surrogates, expressed in terms of gender solidarity i.e. «sisterhood», have been described (Berend, 2016). Pande (2011), too demonstrates how such "sisterhood" is seen to constitute bonds between surrogates and Intended Mothers even in India, although she notes that a certain social hierarchy is expressed in the inclination to refer to Intened Mothers as *elder* sisters. While gender definitely produced distance in the case of the gay couples in my sample, as illustrated by Christopher above, female solidarity was hardly ever made relevant by the IPs as a foundation of relations. Anna was the only woman in my study who explicitly valued and desired a continuous close relationship with the surrogate, and she eventually opted for surrogacy in the United States instead of

by the surrogacy contract, not fitting any other relational category, the ambiguity and "diffuseness" of intimate distance became even more evident and uncomfortable for the IPs. In light of the key significance of equality as sameness for Scandinavian culture discussed in Chapter 4 (Gullestad, 1984, 1992), it is not surprising that Scandinavian IPs were inclined to desire a termination of their relation to the surrogate.

However, included in their understanding of post-surrogacy relational ethics was the assumption that the surrogate would also benefit from a closure of the "grey, diffuse and unclear" relation. In fact, the best interests of the surrogate, i.e. protecting *her* from the problematic liminal qualities of intimate distance, was often highlighted as the primary ethical consideration. Alexander's reflections about a possible continued relation provide a fairly typical example.

A: No, I don't think there will be much contact. Because she has a life here that is very different from ours. [Keeping in contact] could be very confusing for her. Still… if she *wishes to stay in touch… I will not be against it. But I understand from most people that the surrogates wish to return to their everyday lives, and carry on with that life, only with new opportunities (…) In the US it is quite a hodgepodge. [I have heard of] people staying in the same room during the pregnancy, and I understand there is a lot of emotional challenges [because of that]. (…) And I don't want to put her through that. I could surely manage it myself. But I don't want to put her under that kind of pressure (…)*

Kristin: Why do you imagine it would be difficult for her?

A: I believe it would be difficult because… When she returns to her husband and her son… and her life… First of all, it is the translation. Every time you say something, a third person has to come into the picture and translate, and that makes it confusing and complicated. (…) And then the thing is… She needs to know what I want. What do I expect from this contact, what will it lead to, sort of. Is it…is it because she wants more money,

---

India, partly in order to realise such a relation. Although a couple of the Intended Mothers gave quite sentimental accounts of their contact with surrogates, highlighting a gendered mutual understanding of the ethical significance of the others' experiences and motives, like Martha´s description of her first meeting with the surrogate in Chapter 2, or Nina´s involvement with Sunita´s possible grief over the loss of the baby, the women seemed as inclined as the men to terminate the relation at the end of the contract. Interestingly, Synnøve Fosse's very rich journalistic material on Indo-Norwegian commercial surrogacy shows that some Norwegian Intended Mothers do engage in long-term post-contractual relations with their surrogates, based in a sense on lasting ethical bonds produced by the surrogacy experience and containing regular economic contributions (Fosse, 2015, personal communication). Thus, I do not rule out that there is a methodological aspect to the absence of female bonding in my material: due to the fact that the majority of the participating IPs are males (25 against seven women) the meaning and effect of gender in the production of intimacy and sustained relation may not be fully represented in my material.

maybe that people are advising her about that? I don't know. Not speaking the same language, it is hard to know. Hard to speak heart-to-heart.

Alexander, seeing himself as a conscientious and empathic person, underlined that this did not have to do with a lack of "humanity" on his part, and by this I believe he meant something akin to "compassion". However, in the context of transnational commercial surrogacy in India "humanity" made marking boundaries more imperative than creating connections, in his view. As Alexander saw it, a relationship based on such humanity should be:

(...) between two people coming together on the same platform, with the same starting point. I feel compassion for all humans; it makes no difference whether it is a surrogate or someone else. But I know that she… She will not be a mother figure, so it is crucial not to confuse her in that sense. Although [my national authorities] consider her the mother, she is not a mother. And the child will not see her as mother, that's not what she is. So giving her the impression that she is some kind of mother, I will not put her through that. That is really important to me. (...) I will make sure she has a way of contacting me if she wants to. I am open to that. I will leave that up to her.

Alexander kept a small opening for a moral revaluation of this, in case the surrogate gave him reason to believe she felt differently about it than he expected her to. After his first and only meeting with the surrogate, which took place between our two interviews, he was however more convinced that closure was right. In defence of this, he pointed to the impact of forms and dimension of distance: the language barrier, "different lives" addressing both class inequality and cultural differences, and the possible incommensurability of mixing emotions and "business". This all contributed to the risk that a relation would have unclear and fluid boundaries, potentially harming the surrogate, the child and the IPs alike. Total distance, i.e. a terminated relation, was thus the morally right decision.

"She is my child's mother"

In line with the above argument, the participating IPs who did maintain a relation to the surrogate at the end of the contract had a relational frame that could somehow address the moral perils of intimate distance. Robert and William's case, discussed above, exemplified one such frame, unique in my material. The remaining active relations were the few in which the surrogate was ascribed a maternal relation to the child.

"She is not a thing to me, you know. She is my child's mother. So I have decided to take responsibility for her," Paul said to me during one of our conversations about his surrogate

Neha[157]. Paul's relation to Neha, which is the closest and that of longest duration I have come across, exemplified how inequality, money transfers and impaired communication could be morally encompassed by understanding the relation as one of kinship of sorts. In Paul's view, seeing Neha as a mother obliged him to grant her contact with the child through regular visits to India and occasional phone calls. He also transferred relatively large amounts of money to her and was prepared to continue doing so.

Paul did not seem to worry about "greed" on the part of Neha. However, he had concerns related to morally dubious individuals in her environment; i.e. that the agent, the ex-husband and other family might "snatch" from her the money he sent. Sometimes he contemplated making an educational fund for Neha's children instead of transferring cash. Then again, he reasoned, setting guidelines like that seemed "awfully paternalistic". Neha was grown up and entitled to handle and decide over money on her own. Neha on her side – to my knowledge that is – awaited money "out of happiness" and never put forward any requests for money or for anything else.[158] Although open about how challenging it was for him to maintain a relation across all the distances and the responsibility that came along with it, Paul seemed very motivated to continue his relation with Neha. Whatever discomfort he felt appeared to be external to the relation and caused by other people worrying about the ethics of his choices. Both the Indian clinic and fellow IPs had been critical, questioning the benefit of continued contact for Neha and the child, suggesting it could cause harmful "confusion". Especially women who had had children through surrogacy had criticised him for referring to Neha as "mother" in front of the child, as a surrogate was not a mother in their view. The clinic doctor also warned Paul about the "greed" that might lurk beneath Neha's apparent interest in Paul and the child: "She might be nice now, but you don't know how nice she will be in the future". This implied that Neha had ulterior motives and her greed was bound to create tension and trouble for Paul as their relationship evolved.

[157] This Neha is identical with the "lucky"surrogate, Neha, described above.

[158] The only exception to this reported by Paul was some excessive telephoning to hear the baby's voice right after Paul had left India the first time. Paul had to put an end to the telephoning as it wore out the interpreter, but excused Neha's persistence pointing at her being "an Indian mother", and taking it as evidence of her attachment to the child.

Paul seemed to shrug off these warnings. I think his somewhat divergent attitude to such perceived moral perils partly related to the fact that he led a less conventional life than most other IPs in my sample. As such he was used to both living with quite "messy" relations and situations, and also to being criticised for his choices. However, another explanation may be that a kin relation ("my child's mother") in some cases had the power to resolve the tension created by money transfers. Vora (2013) labels the post-surrogacy patron-client bonds she observed "pseudo-kinship", implying that they are merely mimicking "real" kinship. However, it could be argued that what was valued and made relevant in these relations was in fact a variety of the mutuality which Sahlins (2012) argues is the basis for all kinship.

Victor and Daniel, whose story I told in detail in Chapter 6, also defined their relation to the surrogate, Shabana, via her maternal relation to the child, and their example suggests the same. As I have previously described, ascribing some variety of motherhood came as a response to Shabana's display of affection for the baby at the consulate meeting, making them realise she was not merely "a surrogate, she was a surrogate *mother"*. Variations of parental love for the child might bind the fathers to the surrogate, and for this reason the couple has stayed in touch with Shabana after returning home a couple of years ago, communicating regularly. However, some level of mistrust about the surrogate's "real motives" seemed to linger for a while, making the fathers a little reticent. After a long period of online interaction, Victor said this to me about the relation:

> *We have now had contact with her for one and a half years, and not even once has she asked for money. Just recently we gave her a little something for the first time.*

When I asked what that meant to him, Victor answered that he and Daniel appreciated the fact that Shabana made no requests, as they took it as evidence that her motives for staying in touch were based on a "sincere wish to keep a relation". Implicitly, she was not driven by a desire for money. I believe this illustrates the point I argued above that IPs feared that surrogates would *pretend* to care about the child and/or its parents in order to make them feel morally obligated to give her money. However, once the ethical quality of Shabana's motivation was established, the fact that she probably needed and desired money ceased to be a problem. Instead Victor and Daniel took pleasure in being able to help. Again I believe the notion she was somehow related to them through a maternal bond to the child played a part. While the self-interest of a stranger is a peril, the interest of kin is our own, as we "live each other's existence" to speak with Sahlins' words.

Conclusion

In this chapter I have explored the considerable discrepancy between the IPs' and surrogates' respective moral evaluations of the surrogacy exchange. While the IPs in my sample were usually quite convinced about the mutual satisfaction with the arrangement as it was regulated by the contract, the surrogates often expressed a feeling of not having been acknowledged and compensated for the component of surrogate motherhood they viewed as a gift. As the surrogates saw it, this gift entitled them to reciprocation outside the contract, ideally through continued relations with the IPs that might include economic contributions. The IPs acknowledged such a gift only to a limited extent. While they were prepared to take moral responsibility and possibly compensate for any suffering caused by "exploitation", i.e. forced recruitment, deception or inaccurate care, as well as by abnormal pregnancy and birth, the challenges and ailments of normal pregnancies were not perceived to extend beyond the contract. However, most IPs also acknowledged an extra-contractual value to the surrogate´s prestation, which they to some extent wished and attempted to reciprocate through gifts and bonuses.

Yet, unlike the surrogates, most IPs explicitly wished to end the relationship. Also unlike the surrogates, who somehow felt that the IPs had a moral obligation towards them as an implication of the surrogacy arrangement, most IPs felt closure was the most ethical outcome for all parties. I have argued that different understandings of the exchange itself, as well as cultural difference with regards to the meaning of money for relationality shed light on this discrepancy. Closure was portrayed by the IPs as desirable in order to avoid blurred boundaries with regard to what the IPs saw as the relational ontology of commercial surrogacy (discussed in Chapter 6). Moreover, a continued relation was seen as problematic with regards to its unclear basis, i.e. what motivated it and what its boundaries were. Drawing upon what seemed to be a quite binary understanding between economic interest and moral bonds as the basis of a relationship, the IPs perceived of possible "economic motives" as antithetical to a true gift relation. The surrogates, on the other hand, rather than understanding the basis of a strict opposition between economic interest and moral obligation, saw the two as encompassed by the relation they desired: one that was out of the IPs' "happiness".

As they were in control of the money flow, and again with greater power to define the world, in this case too, outcomes of the «negotiation» matched the interests and desires of the IPs. An assumed universal morality of relations, into which the surrogate's views and desires could not be fit, justified the level of distance preferred by the IPs. "Ethics" in this sense, thus, reflected relations of power and enabled the IPs to make conscious and sincere ethical considerations and serve their own interests simultaneously, concluding their surrogacy experience with a sufficient conviction that the arrangement was a "win-win". Meanwhile, in India, surrogates like Lata were left with a somewhat unarticulated and mostly unheard experience of being let down.

Conclusion

In this thesis I have explored in depth how partaking in commercial surrogacy in India was experienced by both surrogates and commissioning parents. I have endeavoured to grasp its complexities, nuances and contradictions, and to contribute an understanding in the space between binary positions of "win-win" and "exploitation". I believe the inadequacy of both these positions has become evident in these pages. The heavy impact of global, gendered and racialised power relations of globalised capitalism and neoliberal politics makes it unreasonable to understand surrogacy as a mutually beneficial transaction between equal partners in a free market. Likewise, "exploitation", implying relentless and ruthless pursuit of self-interest on the part of the IPs and hapless victimisation on the part of the surrogates, does not provide an accurate depiction of what was going on.

Alternatively, what I have demonstrated is that power relations were simultaneously produced and reproduced as well as questioned and resisted in a multitude of processes, in which IPs and surrogates alike engaged in negotiating what was "true", "right" and "good", aiming at making sense of their own actions and choices. Exploring their respective trajectories into commercial surrogacy, I argued that for both IPs and surrogates entering the arrangement was a response to an experience of marginalisation. For both the decision was embedded in moral discomfort, requiring ethical work integrating experiences of "desperation" and an imperative of realising (good) parenthood in order to motivate and make meaning of engaging in commercial surrogacy. While varieties of "desperation" represented the starting point for both sides, their "coming together" in a surrogacy arrangement implied a transformation in terms of power and freedom for the IPs. As wealthy consumers in a liberal market, they were able to escape their reproductive marginalisation and realise their desire for a child. However, the experience was at the same time one of moral discomfort and ambivalence, deriving from a perceived risk of taking part in "exploitation", especially of the surrogate. "Exploitation", I have argued, was related to a particular degree to notions of incommensurability and social inequality.

Although the surrogates made the decision to enter commercial surrogacy, it entailed subordination to a regime in which their bodily integrity and autonomy were severely

restricted. Exploring the production and management of distance in the clinics' regime for surrogates, I looked into another aspect of the relationship between power and ethics: how the restriction of agency can be legitimised through the suspension of moral subjectivity, i.e. the competency and motivation to do what is right and good on the part of the subordinate. Surrogates were required to submit to the moral authority of those who possess the relevant knowledge (the doctors and clinic personnel), suspending their own judgment and skills as relevant resources. However, as we have seen, such a regime, largely constructing ideal surrogate motherhood as time and space void of meaning and morality, failed to address the surrogates' experiences of meaningful relationality implied in the surrogacy pregnancy, thus leaving a need for active work addressing emotions and experiences.

Exploring post-delivery interpretations and negotiations of relational implications of the surrogacy arrangement, I showed that the two groups of participants produced quite different understandings. Most IPs tended to regard their own parental bond to the child born as the significant relation coming out of commercial surrogacy, making closure of the connection to the surrogate at the end of the contract not only desirable, but also the most ethical outcome. The surrogates produced a more ambiguous understanding of surrogacy relationality enduring moral bond as an effect of their own contribution to the child's procreation. Furthermore, in the surrogates' view, they had invested in surrogacy motherhood beyond the contract with resources belonging to the realm of ethics rather than economics, such as "care" and "sacrifice". This contribution, they felt, might entitle them to reciprocation from the IPs beyond the contract. Ideally such reciprocation should come in the form of an enduring relationship encompassing economic support from the IPs to the surrogate and her family.

I have argued that an unusual and morally challenging configuration of intimacy and multidimensional distance characterised the surrogacy arrangement. Exploring distance and intimacy, both in the relations between the IPs and the surrogate, and between the surrogate and the foetus, I have shown that distance in effect was produced, maintained, enhanced or minimised in ways that quite consistently prioritised the interests of IPs and clinics over those of the surrogates and their families. Thus, although intimate distance produced vulnerability and moral discomfort with the IPs, it was managed in ways that enabled and facilitated their project, not only in terms of having a child, but also in terms of becoming morally comfortable with the process.

In addition, multidimensional distance making such a constitutive quality of connections between people, relational ethics were often negotiated through the production of ideas and understandings, instead of handled in the realm of interaction. In this sense, interaction was largely replaced by imageries of the subjectivity of the other and ethical work functioned as a substitute of sorts for a relation between particular individuals. In line with this, in this thesis I have essentially told two very different stories about commercial surrogacy in India. I have also tried to account for the processes through which these accounts remained largely out of contact with each other. The fact that the IPs and the surrogates had contradicting interpretations and evaluations of the arrangement and its relational implications might not be surprising. It is, however, striking how such conflicts rarely surfaced. I believe this has to do with more than just the organisational management of distance, making physical meetings rare and brief. That is, the understanding of surrogacy and its relational implications produced by the IPs, assisted by the clinics, assumed the position of "truth", deriving from "natural facts" and universalised ideas about relational ethics. In the same process, the surrogates' experiences and conceptions of their own relation to the surrogate child and what they had contributed to the IPs were silenced. Such production of hegemony and subalternity, I have argued, was enabled by the ways distance was managed in the organisation of transnational commercial surrogacy in India. However, it must also be understood with reference to the series of hierarchical relations discussed in the introduction: gender, race, post-coloniality and class, all of which distribute unequally the right to define the world. Thus, the encounter between white (male) Westerners and Indian women was one of epistemological inequality. The practical effect of such inequality was that the IPs could leave India with the impression that the arrangement was a "win-win", with which the surrogate was as happy and satisfied as they were. Considering all consequences and effects produced, many surrogates were left back in India with a sense of not having been reciprocated for what they had given, as well as of an experience of loss rather than gain from the arrangement. Such a conflicting view, although widely shared, was only partially articulated and rarely asserted; rather, it became subaltern through the multitude of unequal processes and relations making up transnational commercial surrogacy in India.

It is my view, thus, that transnational commercial surrogacy in India was essentially an unequal arrangement, enabled by inequality and producing unequal outcomes in terms of

benefit. However, I believe my morality approach has highlighted how the arrangement and its organisation also produced vulnerability in less obvious ways. I have argued that the IPs invested extensive ethical work into addressing a perceived moral breakdown, aiming at avoiding "exploitation" by "informing themselves" about surrogacy. Such an undertaking notwithstanding, surrogates' accounts suggest that practices and experiences very likely to be deemed as "exploitation" by the IPs occur with some frequency, resonating with other studies on commercial surrogacy in India. The organisation of transnational commercial surrogacy in India, in particular the ways in which distance was managed, provided clinics with considerable freedom to manage information and manipulate the IPs' imagery of what they took part in. However, consulting the theoretical framing of this thesis, this case also illustrates a more general point: how engagement with ethics on the individual level may obscure the fact that the moral breakdown one responds to is ultimately produced by structural processes and power relations. Such macro-level causes are of course unaffected by micro-level ethical work, indicating the limitations of such an endeavour in order to "do the right thing".

Ultimately, by undertaking a serious approach to moral discomfort, I hope to have provided an empathetic account of the ways in which the moving boundaries of global markets and their ideological interlocutors, neoliberalism and utilitarian ethics produce vulnerability in both obvious and less obvious ways. Not only by expanding into the embodied subjectivities of the unprivileged, i.e. the surrogates, in potentially harmful ways, neoliberal expansion also puts those who were in some sense empowered in a vulnerable position and at risk, as their "desperate" desires became the basis of someone else's profit.

Lata II

June 2015

"Nice-nice baby! And Madam also nice!" Lata reassures me. Her Dubai Internet connection is slightly unstable, making her face a little blurry on my computer screen. But I can tell she is tired. And I do notice her wiping a tear from the corner of her eye. It has been two months since she left Santosh, Diviya and Avinash in Mumbai to follow "Madam" and her family to the Gulf state, famous not only for its skyscrapers and its wealth, but also for its harsh treatment of guest workers. I have read dozens of news stories reporting about women like Lata: uneducated, illiterate, who fall prey to the ruthless and brutal exploitation of their labour and their bodies. Lata, too, has heard these stories, but has paid more attention to other reports – the ones about the money earned by people like herself working in the Gulf. Who could refuse such an opportunity? Not Lata. Again she has drawn on her "guts". Maybe this time it will help to change things for real?

"Are you ok, my friend?" I ask, wishing Skype had a hug function. Her voice trembles when she says, "Yes, fine! Cry because I am happy. Good to see you. So long time." Tears are streaming down her face now, but she is still smiling. "I want to take your hand and…." She shows me how she wants to drag me through the computer screen over to her side. "I miss you," she says. I am sure she does. Still, I suspect she would cry at the sight of any familiar face at this time.

It is Lata, but a new Lata to me. She looks so fragile, so alone, so vulnerable.

"Madam's" face shows up on the screen. A pretty Indian woman, younger than both Lata and me, she is friendly, polite and speaks perfect English. She tells me I can call Lata anytime I like, that she will let Lata use her computer. I thank her. "Please take good care of Lata. She is like a sister to me you know," I say, feeling a flash of shame about my not-so-subtle warning, invoking colonial power in a hope to protect Lata. But even more I hope she gets the message. Madam does not seem to leave the room, so I reserve my questions to Lata about payment and work conditions. Will I ever get the chance to ask?

I ask about Lata's kids. She replies, "Kids are fine. We Skype. I say to them I go to Krishtina Auntie country". Lata gives me a serious look, indicating this is important. She knows I sometimes skype-chat with Diviya, and Lata needs me to play along with her cover. "People think Dubai is not good place. Neighbours talk."

Another painful separation covered by another lie. Lata smiles again. The good old brave face. I smile back, swallowing the fury and sadness coming from somewhere inside, over the cruelty and injustice of this crazy world. I remind myself my indignation won't be of any help to Lata.

"Call me anytime! Call me if you need me," I say instead.

“Yes, but no phone…” Lata shrugs.

“Madam’s computer, then. I will call you!”

“Ok. I am here!”

She blows me a kiss. And she smiles.

The smile of hardship. And invincible guts.

The End

Appendixes

Appendix 1: Standard surrogacy contract

GESTATIONAL SURROGACY AGREEMENT

BETWEEN

"Intended Parents"

AND

"Surrogate Mother"

Dated [redacted]

TABLE OF CONTENTS

This **GESTATIONAL SURROGACY AGREEMENT** is made on the [redacted] day, month of [redacted], of the Christian year [redacted].

BY AND BETWEEN

Mrs. [redacted], (here after referred to as 'Intended Mother') and Mr. [redacted], (here after referred to as 'Intended Father'), being [redacted], inhabitant respectively, DOB [redacted] and [redacted], respectively, residing "[redacted]", permanent address "[redacted]" Passport No: [redacted] and [redacted], hereinafter jointly referred to as "Intended Parents" (which expression shall, unless contrary to and repugnant to the context hereof, mean and include their legal heirs, administrators, executors, Successors and assigns) of the First Part.

AND

Mrs. [redacted] Mumbai, Indian Inhabitant, aged DOB [redacted] years, by faith Muslim, residing at [redacted], Mumbai - [redacted], hereinafter referred to as **"Surrogate Mother"** (which expression shall, unless contrary to and repugnant to the context hereof, mean and include her legal heirs, administrators, executors, Successors and assigns) of the Second Part.

The Intended Parents, Surrogate Mother shall hereafter be referred to as "Party" individually and "Parties" collectively as the context may require.

RECITAL

WHEREAS-

I. Intended Parents are adults and are married / staying together and since the Intended Mother is unable to conceive; Intended Parents are keen to have a child.

II. Intended Parents are keen to have a child out of genetic material of the Intended Father and Intended mother by way of placement of embryos obtained by inseminating Intended Father's sperm into intended mother's egg; into the uterus of Surrogate Mother through ART process, and have been on the look out of an intending woman;

III. The Surrogate Mother is an adult, and after having come to know of the desire of the Intended Parents, approached the Intending Parents and agreed that the Surrogate Mother is interested to conceive by way of placement of Intended Parents embryos into her uterus through ART process and give birth to a child;

IV. Parties entered into negotiation to become familiar with the medical process and terms and conditions on which the Surrogate Mother shall conceive, carry Pregnancy and give birth to a child for the Intended Parents and during such negotiations the Surrogate Mother represented, declared and confirmed the following:

a) She (Surrogate Mother) has agreed to become surrogate mother as contemplated herein out of her own free will and volition.

b) She is not carrying any gynecological disease and or any HIV virus and or any other similar diseases, relevant for undergoing Surrogacy Process; and is in perfect health to conceive and give birth to a child for the Intended Parents;

c) She is aware of the medical process, medical tests and other complications involved in conceiving and giving birth to a child for the Intended Parents, including but not limited to the pre-delivery and post-delivery complications;

d) She has agreed to co-operate and undertake all kinds of medical tests and to take all precautionary measures and care as may be necessary and advised by the Attending Physicians and the Intended Parents during the period of her pregnancy carrying the child for the Intended Parents and for that purpose make herself available as and when required by the Attending Physicians and / or the Intended Parents;

e) She will, during the period of her pregnancy pursuant to this agreement, not do anything or commit any act that may be harmful and injurious to her health and or the baby in her Uterus;

f) She is fully aware that after birth of the child, whether single or twins or triplets, she will have no right or authority over and in respect of the child and that she shall handover the child to the Intended Parents;

g) She has agreed to undergo any surgical / interventional procedure(s), in case the Intended Parents do not wish the Surrogate Mother to carry twins / triplets during the pregnancy, under supervision and approval of the Attending Physicians.

V. In course of the said negotiations, the Parties have agreed to various terms and conditions, which the Parties are desirous of recording in order to avoid any future misunderstanding and ambiguity.

NOW THEREFORE THIS AGREEMENT WITNESSETH and in consideration of the foregoing and other terms and covenants contained herein, the Parties do hereby agree as follows:

ARTICLE 1: DEFINITION

1.1 For the purposes of this Agreement, the following terms, unless otherwise specified, shall have the meanings set forth below:

1.1.1 "Act" means the Appropriate Acts and Laws for the time being in force and applicable to the subject matter of this Agreement.

1.1.2 "ART" means Artificial Reproductive Techniques

1.1.3 "Attending Physicians" mean and include the medical practitioners, particularly the gynaecologists and child specialists, who will attend on the Surrogate Mother before and during her Pregnancy as well as at the time of giving birth of the Child.

1.1.4 "Birth Complications" mean any medical complications including but not limited to excessive bleeding, vaginal tear, etc.

1.1.5 "Child" means the child that the Surrogate Mother has agreed to and shall give birth for the Intended Parents by implantation of embryos of the Intended Parents into her uterus through ART and includes twins etc. and of any gender.

1.1.6 "Chronic Diseases" mean and include, but not limited to Asthma, arthritis, gouts, cardiac diseases and all hereditary and similar diseases.

1.1.7 "Conceive", means and includes the positive pregnancy test after the ART procedure being performed on the Surrogate Mother.

1.1.8 "Custody" means physical custody of the child that the Surrogate Mother shall give birth for the Intended Parents pursuant to this Agreement and which physical custody shall always remain with the Intended Parents;

1.1.9 "Embryo" means the live genetic cells formed by the fusion of sperms from Intended Father and egg from Intended Mother.

1.1.10 "Genetic Material" means and includes the sperms from Intended Father and egg from Intended Mother.

1.1.11 "Gestational Surrogacy" means and includes the complete process in which the embryo formed through the ART process from the egg retrieved from the Intended Mother and sperms retrieved from Intended Father, is implanted into the Uterus of the Surrogate Mother for her to conceive and carry the foetus till term and deliver the child to be handed over to the Intended Parents.

1.1.12 "Gynecological disease" means and includes but not limited to Syphilis, Herpes, Gonorrhea, and all other diseases associated with and arising from gynecological deficiency and/or malfunction.

1.1.13 "Medical Process" means and includes but not limited to the treatment provided to the Intended Parents, Surrogate Mother and the Child aiming to give a healthy child to the Intended Parents through the Surrogacy Process.

1.1.14 "Medical Tests" mean and include all medical tests that the Surrogate Mother, Intended Parents, and the Child shall have to undergo prior to, during the Pregnancy and post delivery as may be required by the Attending Physician from time to time;

1.1.15 "Medical Expenses" mean and include all medical expenses that may be incurred for the Surrogate Mother during the pregnancy, delivery of the child and also include expenses that may be required on account of post-delivery care for one month from the date of delivery of the child;

1.1.16 "Pregnancy" means the period during which the Surrogate Mother shall conceive and carry the baby in her uterus till the delivery of the baby;

1.1.17 "Sexually Transmitted Diseases" mean and include but not limited to AIDS, and similar other diseases and viruses transmitted through and arising out of sexual contacts;

1.1.18 "Sterility" means and includes inability to conceive.

1.1.19 "Term" means the period of from the date of signing of this Agreement during which the Surrogate Mother shall conceive, carry and give birth to the child for the Intended Parents

1.1.20 "Transfer" means the transfer of embryo into the uterus of the Surrogate Mother for the purpose of impregnating the Surrogate Mother;

1.1.21 " Uterus" means the Womb of the Surrogate Mother.

1.2 Interpretation

1.1.1 Any reference in this Agreement to any statute or statutory provision shall be construed as including a reference to that statute or statutory provision as from time to time amended modified extended or re-enacted whether before or after the date of this Agreement and to all statutory instruments orders and regulations for the time being made pursuant to it or deriving validity from it.

1.1.2 All references in this Agreement to Articles are to articles in or to this Agreement unless otherwise specified therein. The words "hereof," "herein" and "hereunder" and words of similar import when used in this Agreement shall refer to this Agreement as a whole and not to any particular provision of this Agreement. The words "include", "including" and "among other things" shall be deemed to be followed by "without limitation" or "but not limited to" whether or not they are followed by such phrases or words of like import.

1.1.3 Unless the context otherwise requires words denoting the singular shall include the plural and vice versa and words denoting any gender shall include all genders and the words denoting persons shall include bodies corporate unincorporated associations and partnerships.

1.1.4 All words and phrases in this Agreement not defined shall carry meaning as ascribed to them in Oxford Dictionary or similar other dictionary.

ARTICLE 2: OBJECTIVE AND CONSIDERATION

2.1 This Agreement is entered into by and between the Parties whereby the Intended Parents agree to the placement of their embryo(s), conceived through ART into the uterus of the Surrogate Mother for the purpose of impregnating the Surrogate Mother, carrying the Pregnancy and giving birth to Child for the Intended Parents for the consideration and on the terms more fully contained herein.

2.2 It is clearly understood and unequivocally agreed and confirmed by the Parties that the Child that the Surrogate Mother shall give birth for the Intended Parents through this Surrogacy Process shall be born out of the embryos of the Intended Parents and shall carry the genes/DNA of the Intended Parents and thus the Child shall genetically and biologically belong to the Intended Parents and the Surrogate Mother will only lend her uterus for carrying the Pregnancy and giving birth of the Child out of humanitarian ground as the Intended Mother is incapable of carrying pregnancy and giving birth and on the terms and conditions contained herein.

2.3 Payments made to the Surrogate by the Intended Parents in Indian Rupees would be as under:

Embryo Transfer Stage	Pregnancy Stage	Every Trimester- 3 Months (optional)	Post Delivery	Grand Total
Rs.10,000/-	**Rs.10,000/-**	**Rs.30,000/-**	**Rs.1,50,000/-**	**RS.2,00,000/-**

ARTICLE 3: REPRESENTATIONS, COVENANTS & WARRANTIES

3.1 **Surrogate Mother hereby covenants and warrants that-**

3.1.1 She is an adult, who is a Separated, who is fully agreeable and has consented to entering into this Agreement for the purpose contained herein.

3.1.2 She is entering into this Surrogacy Process Agreement for surrogate motherhood to conceive, carry and give birth to the Child to be handed over to the Intended Parents out of her own free will and volition.

3.1.3 She agrees to and will become pregnant by way of implantation of embryos of the Intended Parents, as in Gestational Surrogacy or the sperms of Intended Father, as in Traditional Surrogacy, that have been transferred into her uterus so as to impregnate her and will carry the Pregnancy until the occurrence of the birth of the Child.

3.1.4 She never carried nor carries any Gynecological Disease(s) and/or Sexually Transmitted Diseases nor have such kind of diseases have ever occurred in her family.

3.1.5 She does not have any chronic diseases.

3.1.6 She has consulted with her Physician and is fully aware of and/or is made acquainted with various pregnancy complications and dangers involved in performing her obligation as Surrogate Mother under this Agreement, including but not limited to death, sterility, birth complications, etc.

3.1.7 She will not terminate the Pregnancy in terms of this Agreement at her will unless circumstance so warrants and the Attending Physician advises to do so in consultation with the Intended Parents.

3.1.8 She will make herself available for medical tests and/or any other examination and/or check-ups, as and when necessary and advised by the Attending Physicians.

3.1.9 She will not go to any other Physicians, save and except the Physicians attending her before, during the pregnancy and at the time of giving birth, nor would she take or administer any medicines, save and except those prescribed by the Attending Physicians.

3.1.10 She will follow and take all precautionary measures before and during the Pregnancy as may be advised by the Attending Physicians in order to ensure smooth and normal delivery of the Child.

3.1.11 She will be referred to our obstetrician during the pregnancy and will deliver under her supervision in the Hospital set-up.

3.1.12 She will, during the Pregnancy, not intake or consume any alcohol or alcoholic drinks or similar other drinks or any intoxicating materials that may cause harm and injury to the baby in her uterus.

3.1.13 She will take proper care of herself and the baby in her uterus during the Pregnancy so as to ensure delivery of healthy baby.

3.1.14 She will, during the Pregnancy, not participate in any activities or deeds that are stressful and may cause injury to the baby in her uterus.

3.1.15 She will never claim any right nor make any claim over and in respect of the Child and she unequivocally accepts, agrees, acknowledges, confirms and declares that the Child, which she will give birth out of the embryos of the Intended Parents through ART, shall contractually and genetically belong to the Intended Parents and

therefore, she shall have no claim over the Child nor shall they claim any right in respect of the Child. She further confirms and declares that in giving birth of the Child she will only perform her contractual obligations under this Agreement towards the Intended Parents.

3.1.16 She will keep a secret, the contents of this Agreement and will not make any publicity of this Agreement and that she knows that disclosure or publicity of this Agreement shall cause irreversible harm and prejudice to the Intended Parents as also the Child in future.

3.1.17 She will never disclose anything about this Agreement or about her surrogate motherhood to the Child and for that purpose she agrees not to take or keep with her any copy of this Agreement or any medical papers and documents relating to her surrogate motherhood.

3.1.18 She will never take recourse to any legal proceeding claiming rights over and custody of the Child and declares that she is explicitly debarred from doing so and as such, any claim by herself or by anybody through her or in her name over and in respect of the Child and his/her custody shall be considered as null and void and she hereby unequivocally consents and agrees to passing of order or direction declaring such claim as null and void by the court or authority before whom such proceeding may be initiated or filed.

3.2 **The Surrogate Mother hereby further covenants and warrants that-**

3.2.1 She understands and is aware of all medical risks associated with the surrogacy Process and incidental to the Pregnancy, both known and unknown, including post delivery complications.

3.2.2 She further agrees to adhere to all medical instructions given to her by the Attending Physician performing the embryo transfer, and all other physicians who may become involved in the Surrogacy Process.

3.2.3 She being fully aware of the risk and injury involved in intercourse during pregnancy, agree not to have intercourse during the period of Pregnancy and till such times as the Attending Physicians permits to do so.

3.2.4 In order to increase the certainty that any child born pursuant to this Agreement is genetically related to the Intended Parents, the Surrogate Mother, agree not to engage in sexual intercourse for a period prior to and for a period subsequent to any attempt at embryo implantation, as may be determined by the Attending Physician. The Surrogate Mother also agree not to take any other action that will result in her pregnancy through means other than the embryo transfer contemplated by this Agreement.

3.2.5 She understands that not all attempts at embryo implantation result in pregnancy; that several attempts may be necessary. However, this agreement shall subsist and be valid for three attempts of embryo transfer with the same surrogate.

3.2.6 She shall, to the best of her ability, stay in good health throughout the Pregnancy and will follow the medical advices of her attending physician and submit to regular obstetrical care and standards by an obstetrician approved by Intended Parents and otherwise will do everything reasonably appropriate for her good health and the good health of the fetus during Pregnancy.

3.2.7 She will make the necessary changes to her lifestyle to minimize risks of harm to the unborn Child in her uterus, and for that purpose she will avoid extended travel unless authorized by the Attending Physician and in any event she will not undertake any travel 14 days after the embryo transfer to avoid excessively strenuous exercise or activity that would provide otherwise avoidable exposure to disease, to abstain from any high risk sexual conduct which may result in contraction of a Sexually Transmitted Disease by her or unborn Child, and to abstain from harmful use of chemicals including, but not limited to, alcohol, nicotine, excessive caffeine, prescription medication, over the counter drugs, potentially dangerous household cleaning products and health and beauty products.

3.2.8 Whenever in doubt about a particular substance or conduct, she will discuss it with the Attending Physician and will abide by the Attending Physician's decision and instructions.

3.2.9 In the event of any material change in her circumstances during the Pregnancy, she will immediately intimate the same to the Intended Parents at their given address to ensure that such changed circumstances shall not prejudice or frustrate the objective of this Agreement. These changes include, but are not limited to, change of address, illness or death of a party, loss of employment, exposure to communicable illness or change in marital status.

3.2.10 The Surrogate Mother agrees and undertakes to appear before the Govt. offices/ Authorities/ local bodies and also appear before appropriate judicial authorities to give full effect to this agreement and to ensure that the Intending Parents get legal custody and rights of parentage of the child.

3.3 **Intended Parents hereby covenant and warrant as follows**:

3.3.1 They are incapable of having any child out of their own conjugal relationship and as such they have entered into this Agreement for having child by Surrogate Mother through Surrogacy Process by way of implantation of their embryos into the uterus of the Surrogate Mother.

3.3.2 Neither of them have any Sexually Transmitted Diseases nor are they suffering from any Chronic Diseases and that they are medically fit and normal.

3.3.3 They will bear, pay and reimburse all the costs and expenses that may be incurred by and for the Surrogate Mother in performing her obligations under this Agreement.

3.3.4 They will take all necessary care of and render all support (Medical and financial incurred in performing her obligations under this agreement) to the Surrogate Mother all through the process of conceiving, carrying Pregnancy giving birth to the Child, and post delivery care.

3.3.5 They are aware that there are several complications involved in the process of conceiving, carrying pregnancy and giving birth to the Child and that there is great amount of uncertainty in the matter of giving birth to a healthy and normal Child and that it may be a still born Child for which the Surrogate Mother shall have no responsibility or liability.

3.4 **The Parties jointly covenant and warrant that**-

3.4.1 The preamble to this agreement remains an integral part hereof.

3.4.2 Each of them is medically free from disease or other hereditary medical problems that could cause injury, defect or disease to the Surrogate Mother or the fetus to be carried by the Surrogate Mother.

3.4.3 Each of them is mentally fit and is entering into this agreement out of his/her own free will and volition without being induced or influenced or coerced in any manner whatsoever by the other.

3.4.4 Neither Intended Parents nor Surrogate Mother will offer or pay, or give or promise to pay, or promise to give any money or anything else of value to anyone to influence the decision of anyone, applicable to the subject of this agreement.

3.4.5 Both Parties shall keep secret and confidential, and will not disclose, directly or indirectly to any other individual, company, or other parties, both during the tenure of this Agreement and after its termination, the terms of this arrangement, all information including any trade secret, information, technology, technical, medical related information, Parties data and information, disclosed by either Parties and or acquired by either parties under this Agreement or otherwise.

4. ARTICLE 4: RIGHTS AND OBLIGATIONS OF THE PARTIES

4.1 The surrogate Mother will give birth under the supervision of the Attending Physician. The Surrogate Mother will notify the Intended Parents as soon as she goes into labour, unless otherwise known or made known to the Intended Parents, so that the Intended Parents if wish, can join her at the hospital. Intended Parents intend to be at the hospital and be present during the delivery.

4.2 Upon giving birth to the Child, the surrogate motherhood of the Surrogate Mother shall stand perpetually extinguished and the contractual relationship between the Surrogate Mother and the Child shall stand perpetually severed, disassociated and come to an end.

4.3 Each and every obligation of the Surrogate mother under this Agreement commencing from the date of conceiving and ending in giving birth of the Child for the Intended Parents together with handing over the Child to the Intended Parents, as more particularly recorded in the Recital and the Articles 2 and 3 above, is fundamental in nature and any failure or negligence on the part of the Surrogate Mother to perform any such obligation would constitute a material breach of this Agreement and breach of trust. However, it is made explicitly clear that any act or deed on the part of the Surrogate Mother seeking to claim custody of the Child in contravention of the main objective of this Agreement, shall be treated as void, unenforceable, redundant and not binding on the Intended Parents.

4.4 In the event of occurring a material breach of the Agreement as envisaged in Article 4.2 above, the Surrogate Mother shall be bound and obliged to compensate the Intended Parents by paying liquidated damage as may be mutually agreed. It is made explicitly clear and unambiguously understood by the Parties that such liquidated damage does not relate to or qualify the covenants and obligations which shall survive the termination of this Agreement, as more particularly stated in Article 5 below.

4.5 The Surrogate Mother being fully conscious of the religion, sexual orientation and preference of the Intended Parents has agreed to assist them in having a child, and it is clearly understood by her that since she is only lending her support to the Intended Parents to have a child through the surrogacy process, she will have no right over the Child conceived and given birth to, pursuant to this Agreement and that the Child so given birth pursuant to this Agreement is genetically, morally and contractually that of the Intended Parents, and the Intended Parents have the sole and exclusive right to bring up the Child without any interference by the Surrogate Mother, and without any retention or assertion by her of any parental rights.

4.6 It is clearly understood and unequivocally confirmed that neither the Surrogate Mother shall have any physical or legal custody of or any parental rights or duties with respect to the Child born out of this surrogacy process and that the Intended Parents shall exclusively have such custody and all parental rights and duties from the moment of the Child's birth.

4.7 The Surrogate Mother will relinquish physical custody of the Child to Intended Parents upon birth. The Surrogate Mother will, however, co-operate in all proceedings, if so required, for legal custody of the Child by Intended Parents and getting her surrogate motherhood perpetually severed from and disassociated with the Child. This will include but not be limited to legal agreements/documents that need to be presented to the court, legal bodies/officials, and /or hospital prior to/after the delivery of the child.

4.8 Notwithstanding the foregoing or any other provision of this Agreement, it is expressly understood and agreed that this Agreement does not warrant or condition payment of any compensation or any valuables to the Surrogate Mother for her handing over the Child to the Intended Parents together with relinquishment of her parental right, if any, over the Child unto the Intended Parents, since it is clearly understood and agreed by the Surrogate Mother that the Child given birth by the Surrogate Mother pursuant to this Agreement is genetically and contractually belonged to the Intended Parents, who have the physical and legal custody of the Child and it is in the best interests of the Child that the child be brought up by the Intended Parents only.

4.9 The Surrogate Mother and/or her husband shall never assert any right over the Child nor shall they or anyone of them claim custody of the Child in any manner whatsoever nor make any attempt to form any parental relationship with the Child.

4.10 The Intended Parents will take full custody of the Child as soon as it is medically practicable following the Child's birth and will bring up the Child without any kind of interference from the Surrogate Mother. The Surrogate Mother shall be bound to take any further lawful action, if and as may be necessary, to enable the Intended Parents to become the physical and legal custodian and natural guardian of the Child.

4.11 The Surrogate Mother shall have no right and waives the right to make any medical or other decisions regarding the Child after birth. The Intended parents or their designated representatives will make medical or other decisions regarding the Child after birth.

4.12 Recognizing that it is possible that a child born pursuant to this Agreement may not be healthy or free from birth defects or physiological abnormalities, the Intended

Parents agree to and shall assume all responsibility of the Child given birth pursuant to this Agreement. If the Child is born with birth defects of such serious nature that life sustaining equipment is required and that physician recommends that the child not be placed on such equipment or not be resuscitated, the Intended Parents will make the decision.

4.13 The birth certificate of the Child given birth pursuant to this Agreement shall bear the names of the Intended Parents as the legal parents and natural guardian/s of the Child. The Surrogate Mother shall have no say nor shall make any objection whatsoever to the issuing of birth certificate of the Child carrying the names of the Intended Parents as the parents of the Child. In order to ensure issuance of the birth certificate of the Child in the aforesaid manner, the Surrogate Mother will take whatever steps necessary to have the names of the Intended Parents recorded as legal parents and natural guardian of the Child.

4.14 The Intended Parents shall have the exclusive right to select the name of the Child to be recorded in the birth certificate.

4.15 The Surrogate Mother agrees to inform the Intended Parents of any change of her current address for a period of eighteen (18) years following the birth of the Child.

If after conception of the child, but prior to the Surrogate Mother delivering the child, the Intended Parents are no longer alive, the Intended Parents hereby nominate [redacted], Relation: [redacted], DOB: [redacted], residing at "[redacted]", Ph No: [redacted], passport No: [redacted], driving license: NA and social security number: [redacted]

AND / OR

[redacted], Relationship: [redacted], DOB: [redacted], residing at "[redacted]", ph no: [redacted], passport no: [redacted], driving license: NA and social security number: [redacted]

Who shall have permanent custody of the child and who shall take care of the child as if the child was his own.

ARTICLE 5: TERM AND TERMINATION

5.1 This Agreement shall remain valid and binding on the Parties for a period of 12 months from this agreement's execution; or from the execution of this agreement, conception of the Surrogate Mother, the delivery of the Child, all legal and official proceedings included but not limited to immigration, naturalization and citizenship of the child are complete, which ever is later.

5.2 This Agreement may be terminated by either the Surrogate Mother or the Intended Parents by mutual consent on the happening of any of the following events:

5.2.1 If the Surrogate Mother is diagnosed to be unfit to conceive and carry the Pregnancy by way of embryo implantation as envisaged in this Agreement;

5.2.2 If during the Pregnancy, the Surrogate Mother is faced with such pregnancy complications, which the attending physician certifies that continuance of the Pregnancy may risk Surrogate Mother's life and that abortion is compulsory;

5.2.3 If the attempt to impregnate the Surrogate Mother by way of implantation of embryos of the Intended Parents become unsuccessful;

5.2.4 On the occurrence of any material breach of this Agreement on the part of the Surrogate Mother, subject to payment of liquidated damage by the Surrogate Mother to the Intended Parents. For the purpose of this clause, the liquidated damage shall include the costs and expenses already incurred by the Intended Parents for the surrogacy process as compensation. However, such payment of liquidated damage shall not take away or impair the right of the Intended Parents to pursue other remedies available to them under the appropriate laws for committing breach of trust by the Surrogate Mother;

5.3 In the event of any breach of this Agreement that is curable and can be remedied, the Parties shall make efforts to cure such breach by mutual discussions so as to perform this Agreement. However, if such attempt to cure the breach fails, the Agreement is terminable by either party subject to the other provisions of this Agreement.

ARTICLE 6: MISCELLANEOUS

6.1 Indemnification:

Since the Intended Parents enter into this Agreement relying on the representations and warranties of the Surrogate Mother, any falsification or omission of the representations and warranties, shall be treated as breach of this Agreement. The Surrogate mother further warrants that she realizes the Intended Parents have relied upon the information provided.

Intended Parents and Surrogate Mother indemnify and keep Indemnified the attending physician and the clinic against any claim, damage, dispute arising out of the ART Procedure or any disputes of any nature between the Intended Parents and Surrogate Mother that arises after the child has been handed over to the intended parents.

6.2 Execution:

Each party acknowledges that he or she has fully read the Agreement, is relying on the representations set forth in this Agreement, and is executing this Agreement freely and voluntarily.

6.3 Notices:

Any notice required to be served under this Agreement shall be sufficiently given, if sent by: -

1. Hand delivery with confirmed receipt,
2. Facsimile service or e-mail with confirmed answer backs
3. Registered Mail with return or confirmed receipt requested or
4. By some other chosen method by the Party sending the notice that provides satisfactory proof of receipt of such notice and addressed as follows:

Intended Parents : [redacted]
: [redacted]
Address : "[redacted]"
Telephone No. : [redacted]
Alternative Contact No. : [redacted]
Email : [redacted]
: [redacted]

Surrogate Mother : [redacted]
Address : [redacted], [redacted] Mumbai [redacted]
Telephone No. : NA
Alternative Contact No. : NA
Email : NA

6.4 Enforcement:

In the event either Party shall resort to legal action to enforce the terms and provisions of this Agreement, the prevailing Party may recover from the other party the costs of such action including, without limitation, reasonable attorneys' fees.

6.5 Entire Agreement

This Agreement constitutes the entire agreement between the parties with respect to the subject matter hereof and supersedes prior negotiations, representations, or agreements, either written or oral.

6.6 Severance Of Terms

If any provision in this Agreement becomes invalid or illegal or adjudged unenforceable, the provision shall be deemed to have been severed from this

Agreement and the remaining provisions of this Agreement shall not, so far as possible, be affected by the severance.

6.7 Amendements
No change or modification of this Agreement shall be valid unless the same is in writing and signed by the Parties in the presence of the attending physician

6.8 Counterparts
This Agreement is signed in duplicate, each of which is an original and constitutes one and the same instrument.

6.9 Governing Law Of The Agreement
The Courts at Mumbai, India only shall have exclusive jurisdiction in respect of the subject matter of this Agreement and action, suits and proceedings under or arising from this Agreement or any issue connected therewith or incidental thereto. This Agreement shall be governed by and construed in accordance with the laws of India. This Agreement and the rights and obligations of the parties will be governed by and construed in accordance with the laws in India. For purposes of any proceeding involving this Agreement or any of the rights of or obligations of any party, each party hereby submits to the non-exclusive jurisdiction of the courts of the State in Mumbai, India, and agrees not to raise, and waives any objection to or defense based upon the venue of any such court or based upon forum non convenience. Each party agrees not to bring any action or other proceeding with respect to this Agreement or with respect to any of the rights or obligations of either party in any other court.

6.10 Section Headings
Section headings are for reference purposes only and will not in any way affect the meaning or interpretation of any provision of this Agreement

ARTICLE 7: ARBITRATION

7.1 In the event of any dispute between the Parties hereto regarding interpretation or meaning of the provisions of this Agreement or regarding any claim of one Party against the other, regarding any other matter arising out of this Agreement, the same may in the first instance be settled through bilateral negotiations, failing which through arbitration by a Sole Arbitrator, if agreed upon, otherwise by two Arbitrators, one to be appointed by each Party. These two Arbitrators shall appoint a third Arbitrator who shall act as the presiding Arbitrator. The Arbitration Award shall be final and binding on both the Parties to this Agreement and the Arbitration shall be governed by the provisions of The Arbitration and Conciliation Act, 1996, or any subsequent amendments made thereto. Such Arbitration proceedings shall be held in Mumbai only. Only Courts in Mumbai shall have exclusive jurisdiction to resolve disputes, if any.

IN WITNESS WHEREOF, the Parties hereto have put their respective hands and seals on the day, month and year first above written.

IN WITNESS WHEREOF, the Parties hereto have put their respective hands and seals on the day, month and year first above written.

SIGNED & DELIVERED
By the within-named
Mrs. [redacted]
And
Mr. [redacted]

SIGNED & DELIVERED
By the within-named Mrs. [redacted]
Surrogate mother

Endorsement by the ART Clinic

I/We have personally explained to the Intended Parents whose names are as Mrs. [redacted] and Mr [redacted] & Surrogate Mother, whose name is, Mrs. [redacted], the details and implications of his / her / their signing the consent / approval form and made sure to the extent humanly possible that he / she / they understand these details and implications.

Mrs. [redacted]
Surrogate Mother Name

Mrs. [redacted]
Intended Mother Name

Mr. [redacted]
Intended Father Name

Name, Address and Signature of Witness

Name: [redacted]

Address: [redacted]
Mumbai : [redacted].

Signature: _____.

Name and Signature of the Attending Physician

Name: Dr [redacted]

Signature: _____

Date:

DECLARATION OF INTENT ON AFFIDAVIT

I, [redacted], of Mumbai, Indian Inhabitant, DOB [redacted], by faith Muslim, residing at [redacted], Mumbai - [redacted] do hereby state and declare on solemn affirmation as under:

I Mrs.[redacted], hereby acknowledge and declare that I am [redacted] years old. I further say and submit that I have gone through the surrogacy agreement and have read the same. I have also been explained the contents of the said agreement in the language that I understand and I agree with the terms and conditions set out in the said Surrogacy agreement with the Intended parents

I hereby acknowledge that I have agreed to carry pregnancy and give birth to a child conceived via Artificial Reproductive Techniques through the union of embryo(s), so that the Intended Parents may have a child/children genetically related to them. I have no intention of having physical or legal custody or any parental rights or duties with respect to any child born of this surrogacy process. Rather, it is my intention that the Intended Parents shall exclusively have such custody and all parental rights and duties.

I further acknowledge that it is in the best interests of the child/children born of this surrogacy process for the Intended Parents to have sole custody of said child. I therefore, agree to co-operate fully in allowing them to bond with and take custody of said child from the moment of its birth.

I, Mrs. [redacted], I further say that I will have no rights or claim anything form the Intended Parents or Child which is born out the Surrogacy Procedure.

[redacted]
Surrogate Mother Name
Place: MUMBAI

Dated :

References

Ahmed, S. (2000). *Strange encounters: Embodied others in post-coloniality*. London: Routledge.

Ahmed, S. (2006). *Queer phenomenology: Orientations, objects, others*. Durham, N.C: Duke University Press.

Andersen, A. J. (2003). *Menn skaper rom for foreldreskap og familie: Farskapets betingelser i en heteronormativ kultur [Men create room for parenthood and family: Conditions for fatherhood in a heteronormative culture].* (Doctoral thesis), Institutt for sosiologi og statsvitenskap, NTNU, Trondheim.

Andersen, U. C. (2013). Offerposisjonens paradoks: Offentlig debatt om surrogati [The paradox of the victim position: Public debate on surrogacy]. *Tidsskrift for samfunnsforskning, 54*(01), 31–62.

Arnold, D., & Hardiman, D. (Eds.). (1994). *Subaltern studies: Vol. 8: Writings on South Asian history and society: Essays in honour of Ranajit Guha* (Vol. 8). Delhi: Oxford University Press.

Arvidsson, A., Johnsdotter, S., & Essen, B. (2015). Views of Swedish commissioning parents relating to the exploitation discourse in using transnational surrogacy. *PLoS One, 10*(5), e0126518. doi:10.1371/journal.pone.0126518

Barth, F. (1966). *Models of social organization* (Vol. 23). London: Royal Anthropological Institute of Great Britain and Ireland.

Barth, F. (1967). Economic spheres in Darfur. In R. Firth (Ed.), *Themes in economic anthropology* (pp. 156-157, 164-165). London: Tavistock.

Bell, K. (2014). Resisting commensurability: Against informed consent as an anthropological virtue. *American Anthropologist, 116*(3), 511-522. doi:10.1111/aman.12122

Berend, Z. (2012). The Romance of Surrogacy. *Sociological Forum, 27*(4), 913-936.

Berend, Z. (2016). “We are all carrying someone else's child!”: Relatedness and relationships in third-party reproduction. *American Anthropologist*, 24-36. doi:10.1111/aman.12444

Bergmann, S. (2011). Fertility tourism: Circumventive routes that enable access to reproductive technologies and substances. *Signs, 36*(2), 280-289.

Berkowitz, D. (2007). A sociohistorical analysis of gay men's procreative consciousness. *Journal of GLBT Family Studies, 3*(2-3), 157-190. doi:10.1300/J461v03n02_07

Berreman, G. D. (1962). *Behind many masks: Ethnography and impression management in a Himalayan village*. Ithaca, N.Y.: Society for Applied Anthropology.

Béteille, A. (1992). Caste and family: In representations of Indian society. *Anthropology Today, 8*(1), 13-18. doi:10.2307/3032808

Béteille, A. (2002). Hierarchical and competitive inequality. *Sociological Bulletin, 51*(1), 3-27. doi:10.2307/23620061

Bhadra, G., Prakash, G., & Tharu, S. (Eds.). (1999). *Subaltern studies: Vol. 10: Writings on South Asian history and society* (Vol. 10). Delhi: Oxford University Press.

Bharadwaj, A. (2002). Conception politics: Medical egos, media spotlights, and the contest over test-tube firsts in India. In M. C. Inhorn & F. v. Balen (Eds.), *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies* (pp. 315-333). Berkeley: University of California Press.

Bharadwaj, A. (2006). Sacred modernity: religion, infertility, and technoscientific conception rround the globe. *Culture, Medicine and Psychiatry, 30*(4), 423-425. doi:10.1007/s11013-006-9030-2
Bharadwaj, A. (2012). The other mother: Supplementary wombs, surrogate state and ARTs in India. In M. Knecht, M. Klotz, & S. Beck (Eds.), *Reproductive technologies as global form: Ethnographies of knowledge, practice, and transnational encounters* (pp. 139-160). Chicago: Chicago University Press.
Bharadwaj, A., & Glasner, P. (2008). *Local cells, global science : The rise of embryonic stem cell research in India*. Hoboken: Taylor and Francis.
Bigner, J. J. (2000). Raising our sons. *Journal of Gay & Lesbian Social Services, 10*(1), 61-77. doi:10.1300/J041v10n01_04
Birenbaum-Carmeli, D. (2007). Contested surrogacy and the gender order: An Israeli case study. *Journal of Middle East Women's Studies, 3*(3), 21-44. doi:10.2979/mew.2007.3.3.21
Birenbaum-Carmeli, D., & Carmeli, Y. S. (Eds.). (2010). *Kin, gene, community: Reproductive technologies among Jewish Israelis* (Vol. 19). New York: Berghahn Books.
Blyth, E., & Farrand, A. (2005). Reproductive tourism: A price worth paying for reproductive autonomy? *Critical social policy, 25*(1), 91-114.
Borchgrevink, A. (2003). Silencing language: Of anthropologists and interpreters. *Ethnography, 4*(1), 95-121. doi:10.1177/1466138103004001005
Bourdieu, P. (1977). *Outline of a theory of practice* (Vol. 16). Cambridge: Cambridge University Press.
Butler, J. (1990). *Gender trouble: Feminism and the subversion of identity*. New York: Routledge.
Cabe, J., & Calnan, M. (1989). The limits of medicine: Women's perception of medical technology. *Social Science & Medicine, 28*(3), 223-231. doi:http://dx.doi.org/10.1016/0277-9536(89)90265-7
Carsten, J. (Ed.) (2000). *Cultures of relatedness: New approaches to the study of kinship*. Cambridge: Cambridge University Press.
Chatterjee, P. (1989). Colonialism, nationalism, and colonized women: The contest in India. *American Ethnologist, 16*(4), 622-633. doi:10.1525/ae.1989.16.4.02a00020
Chatterjee, P., & Jeganathan, P. (Eds.). (2001). *Community, gender and violence* (Vol. 11). London: Hurst & Company.
Chatterjee, P., & Pandey, G. (Eds.). (1992). *Subaltern studies: Vol. 7: Writings on South Asian history and society* (Vol. 7). Delhi: Oxford University Press.
Chaturvedi, V. (2000). *Mapping subaltern studies and the postcolonial*. London: Verso.
Chaturvedi, V. (2007). A critical theory of subalternity: Rethinking class in Indian historiography. *Left History, 12*(1), 9-28.
Chinai, R., & Goswami, R. (2007). Medical visas mark growth of Indian medical tourism. *Bulletin of the World Health Organization, 85*(3), 164-165. doi:10.2471/BLT.07.010307
Clarke, A. E., Shim, J. K., Mamo, L., Fosket, J. R., & Fishman, J. R. (2003). Biomedicalization: Technoscientific transformations of health, illness, and U.S. biomedicine. *American Sociological Review, 68*(2), 161-194.
Cohen, L. (1999). Where it hurts: Indian material for an ethics of organ transplantation. *Daedalus, 128*(4), 135-165.

Cohen, L. (2008). Operability, bioavailability, and exception. In A. Ong & S. J. Collier (Eds.), *Global assemblages: Technology, politics, and ethics as anthropological problems* (pp. 79-90). Oxford: Blackwell Publishing Ltd.
Colen, S. (1995). "Like a mother to them": Stratified reproduction and West Indian childcare workers and employers in New York. In F. D. Ginsburg & R. Rapp (Eds.), *Conceiving the new world order: The global politics of reproduction*. Berkeley, Calif: University of California Press.
Comaroff, J., & Comaroff, J. (1991). *Of revelation and revolution, Volume 1: Christianity, colonialism, and consciousness in South Africa*. Chicago: University of Chicago Press.
Conrad, P. (1992). Medicalization and social control. *Annual Review of Sociology, 18*, 209-232. doi:10.2307/2083452
Cooper, M., & Waldby, C. (2014). *Clinical labour: Tissue donors and research subjects in the global bioeconomy*. Durham and London: Duke University Press.
Crehan, K. (2002). *Gramsci, culture and anthropology*. London: Pluto Press.
Crehan, K. (2011). Gramsci's concept of common sense: A useful concept for anthropologists? *Journal of Modern Italian Studies, 16*(2), 273-287. doi:10.1080/1354571X.2011.542987
Crenshaw, K. (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. *The University of Chicago Legal Forum, 140*, 139-167.
Das, V. (1999). Public good, ethics, and everyday life: Beyond the boundaries of bioethics. *Daedalus, 128*(4), 99-133. doi:10.2307/20027590
Das, V. (2010). Engaging in the life of the other: Love and everyday life. In M. Lambek (Ed.), *Ordinary ethics: Anthropology, language, and action*. New York: Fordham University Press.
DasGupta, S., & Dasgupta, S. D. (2014). *Globalization and transnational surrogacy in India: Outsourcing life*. Lanham, Md: Lexington Books.
Davis-Floyd, R., & Dumit, J. (1998). *Cyborg babies: From techno-sex to techno-tots*. New York: Routledge.
Dempsey, D. (2013). Surrogacy, gay male couples and the significance of biogenetic paternity. *New Genetics and Society, 32*(1), 37-53. doi:10.1080/14636778.2012.735859
Deomampo, D. (2013a). Gendered geographies of reproductive tourism. *Gender & Society, 27*(4), 514–537.
Deomampo, D. (2013b). Transnational surrogacy in India: Interrogating power and women's agency. *Frontiers: A Journal of Women Studies, 34*(3).
Deomampo, D. (2015). Defining parents, making citizens: Nationality and citizenship in transnational surrogacy. *Med Anthropol, 34*(3), 210-225. doi:10.1080/01459740.2014.890195
Deonandan, R., Green, S., & van Beinum, A. (2012). Ethical concerns for maternal surrogacy and reproductive tourism. *Journal of Medical Ethics*. doi:10.1136/medethics-2012-100551
Desai, V., & Potter, R. B. (2006). Lost in translation? The use of interpreters in fieldwork. In V. Desai (Ed.), *Doing development research* (pp. 172-180). London, England: SAGE Publications, Ltd.
Dirks, N. B. (2001). *Castes of mind: Colonialism and the making of modern India*. Princeton, N.J: Princeton University Press.

Douglas, M. (2003). *Purity and danger: An analysis of concept of pollution and taboo*. London: Routledge.
Dube, L. (1988). On the construction of gender: Hindu girls in patrilineal India. *Economic and Political Weekly, 23*(18), WS11-WS19. doi:10.2307/4378429
Dube, L. (1997). *Women and kinship: Comparative perspectives on gender in South and South-East Asia*: United Nations University Press.
Dube, L. (2001). *Anthropological explorations in gender: Intersecting fields*. New Delhi: Sage.
Dumont, L. (1986). *Essays on individualism: Modern ideology in anthropological perspective*. Chicago: University of Chicago Press.
Dumont, L. (1998 [1966]). *Homo hierarchicus: The caste system and its implications* (Complete Revised English ed.). Delhi: Oxford University Press.
Dyke, C. (1995). *Indeterminacy, irrationality, and collective will: Gramsci's marxism, bourgeois sociology, and the problem of revolution.* (Unpublished thesis), University of California, San Diego. Retrieved from https://carldyke.wordpress.com/stuff/ (26.10.2015)
Edwards, J. (2000). *Born and bred: Idioms of kinship and new reproductive technologies in England*. Oxford: Oxford University Press.
Edwards, J., Franklin, S., Hirsch, E., Price, F., & Strathern, M. (1993). *Technologies of procreation: Kinship in the age of assisted conception*.
Edwards, J., & Salazar, C. (Eds.). (2009). *European kinship in the age of biotechnology*. New York: Berghahn Books.
Ehrenreich, B., & Hochschild, A. R. (2003). *Global woman: Nannies, maids, and sex workers in the new economy*. London: Granta Books.
Evans-Pritchard, E. E. (1940). *The Nuer: A description of the modes of livelihood and political institutions of a Nilotic people*. Oxford: Clarendon Press.
Fassin, D. (Ed.) (2012). *A companion to moral anthropology*. Somerset: Somerset, NJ, USA: John Wiley & Sons.
Faubion, J. D. (2011). *An anthropology of ethics*. Cambridge: Cambridge University Press.
Fjell, T. I. (2008). *Å si nei til meningen med livet?: En kulturvitenskapelig analyse av barnfrihet [To turn down the meaning of life?: A culturalanalysis of childlessness]*. Trondheim: Tapir akademisk forl.
Fluehr-Lobban, C. (1994). Informed consent in anthropological research: We are not exempt. *Human Organization, 53*(1), 1-10. doi:10.17730/humo.53.1.178jngk9n57vq685
Folgerø, T. (2008). Queer nuclear families? Reproducing and transgressing heteronormativity. *Journal of Homosexuality, 54*(1-2), 124-149. doi:10.1080/00918360801952028
Fosse, S. S. (2015, 10.01.2015). Sammen om livet. *Dagens Næringsliv Magasinet*.
Foucault, M. (1997). *Ethics: Subjectivity and truth* (R. Hurley, Trans. P. Rabinow Ed.). London: Allen Lane.
Foucault, M., Hutton, P. H., Gutman, H., & Martin, L. H. (1988). *Technologies of the self: A seminar with Michel Foucault*. Amherst: University of Massachusetts Press.
Franklin, S. (1990). Deconstructing 'desperateness': The social construction of infertility in popular representations of new reproductive technologies. In M. McNeil, I. Varcoe, & S. Yearley (Eds.), *The New Reproductive Technologies* (pp. 200-229). London: Palgrave Macmillan UK.
Franklin, S. (1997). *Embodied progress: A cultural account of assisted conception*. London: Routledge.

Franklin, S. (2007). *Dolly mixtures: The remaking of genealogy*. Durham, N.C: Duke University Press.
Franklin, S. (2011). Not a flat world: The future of cross-border reproductive care. *Reprod Biomed Online, 23*(7), 814-816. doi:10.1016/j.rbmo.2011.09.016
Franklin, S. (2013). *Biological relatives: IVF, stem cells and the future of kinship*. Durham, NC: Durham, NC: Duke University Press.
Franklin, S., Lury, C., & Stacey, J. (2000). *Global nature, global culture*. London: Sage.
Franklin, S., & Ragoné, H. (1998). *Reproducing reproduction: Kinship, power and technological innovation*. Philadelphia: University of Pennsylvania Press.
Frøystad, K. (2003). Master-Servant relations and the domestic reproduction of caste in Northern India. *Ethnos, 68*(1), 73-94. doi:10.1080/0014184032000060371
Frøystad, K. (2015). Naturalisering på langs og tvers: Begrepshistorisk refleksjon med storm i kastene [Naturalizing longitudinally and across: A reflection on a turbulent history of concepts]. *Norsk antropologisk tidsskrift, 25*(01).
Ginsburg, F., & Rapp, R. (1991). The politics of reproduction. *Annual Review of Anthropology, 20*(1), 311-343. doi:doi:10.1146/annurev.an.20.100191.001523
Ginsburg, F., & Rapp, R. (1995). *Conceiving the new world order: The global politics of reproduction*. Berkeley, California: University of California Press.
Gramsci, A. (1992). *Prison notebooks: Vol 1* (J. A. Buttigieg Ed.). New York: Columbia University Press.
Gramsci, A. (1996). *Prison notebooks: Vol. 2* (J. A. Buttigieg Ed.). New York: Columbia University Press.
Gramsci, A. (2007). *Prison notebooks: Vol. 3* (J. A. Buttigieg Ed.). New York: Columbia University Press.
Gregory, C. A. (1982). *Gifts and commodities* (Vol. 2). London: Academic Press.
Grover, S. (2009). Lived experiences: Marriage, notions of love, and kinship support amongst poor women in Delhi. *Contributions to Indian Sociology, 43*(1), 1-33. doi:10.1177/006996670904300101
Guha, R. (1997). *A Subaltern studies reader, 1986-1995*. Minneapolis: University of Minnesota Press.
Guha, R. (2011). Gramsci in India: Homage to a teacher. *Journal of Modern Italian Studies, 16*(2), 288-295. doi:10.1080/1354571X.2011.542989
Guha, R. (Ed.) (1982). *Subaltern studies: Vol. 1: Writings on South Asian history and society* (Vol. 1). Delhi: Oxford University Press.
Guha, R. (Ed.) (1983). *Subaltern studies: Vol. 2: Writings on South Asian history and society* (Vol. 2). Delhi: Oxford University Press.
Guha, R. (Ed.) (1984). *Subaltern studies: Vol. 3: Writings on South Asian history and society* (Vol. 3). Delhi: Oxford University Press.
Guha, R. (Ed.) (1985). *Subaltern studies: Vol 4.: Writings on South Asian history and society* (Vol. 4). Delhi: Oxford University Press.
Guha, R. (Ed.) (1987). *Subaltern studies: Vol. 5: Writings on South Asian history and society* (Vol. 5). Delhi: Oxford University Press.
Guha, R. (Ed.) (1989). *Subaltern studies: Vol. 6: Writings on South Asian history and society* (Vol. 6). Delhi: Oxford University Press.
Gullestad, M. (1984). *Kitchen-table society: A case study of the family life and friendships of young working-class mothers in urban Norway*. Oslo: Universitetsforlaget.
Gullestad, M. (1992). *The art of social relations: Essays on culture, social action and everyday life in modern Norway*. Oslo: Scandinavian University Press.

Hall, S. (1986). Gramsci's relevance for the study of race and ethnicity. *Journal of Communication Inquiry, 10*(2), 5-27. doi:10.1177/019685998601000202
Handwerker, L. (2002). The politics of making Modern babies in China. In M. C. Inhorn & F. v. Balen (Eds.), *Infertility around the globe : new thinking on childlessness, gender, and reproductive technologies*. Berkeley: University of California Press.
Hayden, C. P. (1995). Gender, genetics, and generation: Reformulating biology in lesbian kinship. *Cultural Anthropology, 10*(1), 41-63. doi:10.1525/can.1995.10.1.02a00020
High, C., Kelly, A. H., & Mair, J. (2012a). *The Anthropology of ignorance : An ethnographic approach*. New York: Palgrave Macmillan.
High, C., Kelly, A. H., & Mair, J. (2012b). *The Anthropology of ignorance: An ethnographic approach*. New York: Palgrave Macmillan.
Howell, S. (2001). "En vanlig familie": Utenlandsadopsjon i Norge, et stadig voksende fenomen ["An ordinary family": The ever-growing phenomena of transnational adoption in Norway]. Bergen: Fagbokforlaget.
Howell, S. (2006). *The kinning of foreigners: Transnational adoption in a global perspective*. New York: Berghahn Books.
Humbyrd, C. (2009). Fair trade international surrogacy. *Developing World Bioethics, 9*(3), 111-118. doi:10.1111/j.1471-8847.2009.00257.x
Illich, I. (1975). *Medical nemesis: The expropriation of health*. London: Calder & Boyars.
Inhorn, M. C. (2000). Missing motherhood: Infertility, technology, and poverty in Egyptian women's lives. In H. Ragone & F. W. Twine (Eds.), *Ideologies and technologies of motherhood: Race, class, sexuality, nationalism*. New York: Routledge.
Inhorn, M. C. (2011). Globalization and gametes: Reproductive 'tourism,' Islamic bioethics, and Middle Eastern modernity. *Anthropology & Medicine, 18*(1), 87-103. doi:10.1080/13648470.2010.525876
Inhorn, M. C., & Balen, F. v. (2002a). *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*. Berkeley: University of California Press.
Inhorn, M. C., & Balen, F. v. (2002b). Introduction. Interpreting infertility: A view from the social sciences. In M. C. Inhorn & F. v. Balen (Eds.), *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies*. Berkeley: University of California Press.
Inhorn, M. C., & Birenbaum-Carmeli, D. (2008). Assisted reproductive technologies and culture change. *Annual Review of Anthropology, 37*(1), 177-196. doi:10.1146/annurev.anthro.37.081407.085230
Inhorn, M. C., Shrivastav, P., & Patrizio, P. (2012). Assisted reproductive technologies and fertility "tourism": Examples from global Dubai and the Ivy League. *Medical Anthropology, 31*(3), 249-265. doi:10.1080/01459740.2011.596495
Jecker, N. S., Jonsen, A. R., & Pearlman, R. A. (2007). *Bioethics: An introduction to the history, methods, and practice*. Sudbury, Massachusetts: Jones and Bartlett Publisher.
Kahn, S. M. (2002). The uses of new reproductive technologies among ultraorthodox jews in Israel. In M. C. Inhorn & F. v. Balen (Eds.), *Infertility around the globe : new thinking on childlessness, gender, and reproductive technologies*. Berkeley: University of California Press.

Kroløkke, C. H., & Pant, S. (2012). “I only need her uterus”: Neo-liberal discourses on transnational surrogacy. *NORA - Nordic Journal of Feminist and Gender Research, 20*(4), 233-248. doi:10.1080/08038740.2012.729535
Kumari, R. (2013). *Final report: Surrogate motherhood - ethical or commercial*. Retrieved from New Delhi:
Kurtz, D. V. (1996). Hegemony and anthropology: Gramsci, exegeses, reinterpretations. *Critique of Anthropology, 16*(2), 103-135. doi:10.1177/0308275x9601600202
Laidlaw, J. (2002). For an anthropology of ethics and freedom. *The Journal of the Royal Anthropological Institute, 8*(2), 311–332.
Lambek, M. (2008). Value and virtue. *Anthropological Theory, 8*(2), 133–157.
Lambek, M. (2010a). Introduction. In M. Lambek (Ed.), *Ordinary ethics : Anthropology, language and action*. New York: Fordham University Press.
Lambek, M. (2010b). Towards an ethics of the act. In M. Lambek (Ed.), *Ordinary ethics: Anthropology, language, and action*. New York: Fordham University Press.
Lambek, M. (Ed.) (2010c). *Ordinary ethics: Anthropology, language, and action*. New York: Fordham University Press.
Lévi-Strauss, C. (1969 [1949]). *The elementary structures of kinship* (Rev.ed. ed.). Boston: Beacon Press.
Levine, N. E. (2008). Alternative kinship, marriage, and reproduction. *Annual Review of Anthropology, 37*(1), 375-389. doi:doi:10.1146/annurev.anthro.37.081407.085120
Lie, M., Ravn, M. N., & Spilker, K. (2011). Reproductive imaginations: Stories of egg and sperm. *NORA - Nordic Journal of Feminist and Gender Research, 19*(4), 231-248. doi:10.1080/08038740.2011.618463
Lock, M. M., & Kaufert, P. A. (1998). *Pragmatic women and body politics*. Cambridge: Cambridge University Press.
Lock, M. M., & Nguyen, V.-K. (2010). *An anthropology of biomedicine*. Chichester: Wiley-Blackwell.
Maggio, J. (2007). “Can the subaltern be heard?”: Political theory, translation, representation, and Gayatri Chakravorty Spivak. *Alternatives: Global, Local, Political, 32*(4), 419-443. doi:10.1177/030437540703200403
Majumdar, A. (2014). The rhetoric of choice: The feminist debates on reproductive choice in the commercial surrogacy arrangement in India. *Gender, Technology and Development, 18*(2), 275-301. doi:10.1177/0971852414529484
Mamo, L. (2007). *Queering reproduction: Achieving pregnancy in the age og technoscience*. Durham & London: Duke University Press.
Marcus, G. (1995). Ethnography in/of the world system: The emergence of multi-sited ethnography. *Annual Review of Anthropology, 24*, 95-117.
Markens, S. (2007). *Surrogate motherhood and the politics of reproduction*. Berkeley, California: University of California Press.
Martin, E. (1987). *The woman in the body: A cultural analysis of reproduction*. Boston: Beacon Press.
Mattingly, C. (2012). Two virtue ethics and the anthropology of morality. *Anthropological Theory, 12*(2), 161-184. doi:10.1177/1463499612455284
Mauss, M. (1990 [1950]). *The gift: The form and reason for exchange in archaic societies*. London: Routledge.
Melhuus, M. (2005). 'Better safe than sorry': Legislating assisted conception in Norway. In C. Krhohn-Hansen & K. Nustad (Eds.), *State Formation: Anthropological Perspectives*. London: Pluto Press.

Melhuus, M. (2012). *Problems of conception: Issues of law, biotechnology, individuals and kinship*. New York: Berghahn Books.
Melhuus, M., & Howell, S. (2009). Adoption and assisted conception: One universe of unnatural procreation: An examination of Norwegian legislation. In J. Edwards & C. Salazar (Eds.), *European Kinship in the Age of Biotechnology* (pp. 144-161). New York: Berghahn Books.
Moen, K., & Middelthon, A.-L. (2015). Qualitative research methods. In P. Laake, H. B. Benestad, & B. R. Olsen (Eds.), *Research in medical and biological sciences: From planning and preparation to grant application and publication*. Amsterdam: Elsevier.
Mohanty, C. T. (1984). Under western eyes: Feminist scholarship and colonial discourses. *boundary 2, 12/13*, 333-358. doi:10.2307/302821
Murji, K., & Solomos, J. (2014). *Theories of race and ethnicity: Contemporary debates and perspectives*. Cambridge: Cambridge University Press.
Murphy, D. A. (2013). The desire for parenthood: Gay men choosing to become parents through surrogacy. *Journal of Family Issues, 34*(8), 1104-1124. doi:10.1177/0192513x13484272
Narayan, U., & Harding, S. (2000). *Decentering the center: Philosophy for a multicultural, postcolonial, and feminist world*. Bloomington, Ind: Indiana University Press.
Naveen, M. (2013). *Den globale baby: Det norske surrogatieventyret i India [The global baby: The Norwegian surrogacy adventure in India]*. Oslo: Aschehoug.
Needham, R. (1971). *Rethinking kinship and marriage* (Vol. 11). London: Tavistock.
Neetha, N., & Mazumdar, I. (2011). *Gender dimensions: Employment trends in India, 1993-94 to 2009-10* Retrieved from http://hdl.handle.net/2451/34239
Nelkin, D., & Lindee, M. S. (1995). *The DNA mystique: The gene as a cultural icon*. Oxford: Freeman.
Neveling, P., Strümpell, C., & Münster, D. (2014). The anthropology of neoliberal India. *Contributions to Indian Sociology, 48*(1), 1-16. doi:10.1177/0069966713502419
Nielsen, K. B., & Waldrop, A. K. (2014). *Women, gender and everyday social transformation in India*. London: Anthem.
Nilsen, A. G., & Roy, S. (2015). *New subaltern politics*. New Delhi: Oxford University Press.
Oliver, D. G., Serovich, J. M., & Mason, T. L. (2005). Constraints and opportunities with interview transcription: Towards reflection in qualitative research. *Social Forces, 84*(2), 1273-1289. doi:10.1353/sof.2006.0023
Ortner, S. B. (2005). Subjectivity and cultural critique. *Anthropological Theory, 5*(1), 31-52. doi:10.1177/1463499605050867
Palattiyil, G., Blyth, E., Sidhva, D., & Balakrishnan, G. (2010). Globalization and cross-border reproductive services: Ethical implications of surrogacy in India for social work. *International Social Work, 53*(5), 686-700. doi:10.1177/0020872810372157
Pálsson, G. (2007). *Anthropology and the new genetics*. Cambridge: Cambridge University Press.
Pande, A. (2009a). 'It may be her eggs but it's my blood': Surrogates and everyday forms of kinship in India. *Qualitative Sociology, 32*(4), 379-397. doi:http://dx.doi.org/10.1007/s11133-009-9138-0
Pande, A. (2009b). Not an 'angel', not a 'whore': Surrogates as 'dirty' workers in India. *Indian Journal of Gender Studies, 16*(2), 141–173.
Pande, A. (2010a). 'At least I am not sleeping with anyone': Resisting the stigma of commercial surrogacy in India. *Feminist Studies, 36*(2), 292–329.

Pande, A. (2010b). Commercial surrogacy in India: Manufacturing a perfect mother-worker. *Signs, 35*(4), 969-992.
Pande, A. (2010c). *Commercial surrogacy in India: Nine months of labor.* (Electronic Doctoral Dissertations for UMass Amherst). Retrieved from http://scholarworks.umass.edu/dissertations/AAI3409640 (Paper AAI3409640)
Pande, A. (2011). Transnational commercial surrogacy in India: Gifts for global sisters? *Reproductive BioMedicine Online, 23*(5), 618-625. doi:10.1016/j.rbmo.2011.07.007
Pande, A. (2014). *Wombs in labor: Transnational commercial surrogacy in India*. New York: Colombia University Press.
Pandey, G. (2013). *A history of prejudice: Race, caste, and difference in India and the United States*. Cambridge: Cambridge University Press.
Parry, J. P. (1989). On the moral perils of exchange. In J. P. Parry & M. Bloch (Eds.), *Money and the morality of exchange*. Cambridge: Cambridge University Press.
Parry, J. P., & Bloch, M. (1989a). Introduction: Money and the morality of exchange. In J. P. Parry & M. Bloch (Eds.), *Money and the morality of exchange*. Cambridge: Cambridge University Press.
Parry, J. P., & Bloch, M. (1989b). *Money and the morality of exchange*. Cambridge: Cambridge University Press.
Pizza, G. (2012). Second nature: On Gramsci's anthropology. *Anthropology & Medicine, 19*(1), 95-106. doi:10.1080/13648470.2012.660466
Povinelli, E. A. (2001). Radical worlds: The anthropology of incommensurability and inconceivability. *Annual Review of Anthropology, 30*(1), 319-334. doi:doi:10.1146/annurev.anthro.30.1.319
Qadeer, I. (2010). *New reproctive technologies and health care in neo-liberal India: Essays.* New Delhi: Centre for Women's Development Studies.
Qadeer, I., & Reddy, S. (2013). Medical tourism in india: Perceptions of physicians in tertiary care hospitals. *Philosophy, Ethics, and Humanities in Medicine, 8*(1), 20.
Ragoné, H. (1994). *Surrogate motherhood: Conception in the heart*. Boulder, Colo.: Westview Press.
Ragoné, H. (1996). Chasing the blood tie: Surrogate mothers, adoptive mothers and fathers. *American Ethnologist, 23*(2), 352-365. doi:10.2307/646547
Ravn, M. N. (2005). A matter of free choice?: Some structural and cultural influences on the decision to have or not to have children in Norway. In C. B. Douglass (Ed.), *Barren states: The population "implosion" in Europe*. Oxford: Berg.
Ravn, M. N., & Lie, M. (2013). The cultural ideal of the joint decision: Illuminating values of individuality and relationality of the child choice. In A. L. Ellingsæter, A.-M. Jensen, & M. Lie (Eds.), *The Social meaning of children and fertility change in Europe* (Vol. 17). London: Routledge.
Riggs, D. (2015). Narratives of choice amongst white Australians who undertake surrogacy arrangements in India. *Journal of Medical Humanities*, 1-13. doi:10.1007/s10912-015-9330-z
Riggs, D. W., & Due, C. (2010). Gay men, race privilege and surrogacy in India. *Outskirts online journal, 22*. Retrieved from http://www.outskirts.arts.uwa.edu.au/volumes/volume-22/riggs
Riksaasen, G. (2001). To mammaer, går det an?: En annerledes familieplanlegging [Two moms: can it be done?: A different family planning]. Bergen: Fagbokforlaget.

Robbins, J. (2007). Between reproduction and freedom: Morality, value, and radical cultural change. *Ethnos, 72*(3), 293–314.
Robbins, J. (2012). On becoming etical subjects: Freedom, constraint and the anthropology of morality. *Anthropology of this century*(5).
Rudrappa, S. (2015). *Discounted Life: The Price of Global Surrogacy in India*. New York: New Yor University Press.
Rudrappa, S., & Collins, C. (2015). Altruistic agencies and compassionate consumers: Moral framing of transnational surrogacy. *Gender & Society, 29*(6), 937-959. doi:10.1177/0891243215602922
Sahlins, M. D. (2012). *What kinship is - and is not*. Chicago: The University of Chicago Press.
Said, E. W. (1979). *Orientalism*. New York: Vintage Books.
Sandelowski, M. (1993). *With child in mind. Studies of the personal encounter with infertility*. Philadelphia: Pennsylvania University Press.
Sandelowski, M., & de Lacey, S. (2002). The uses of a "disease": Infertility as a rhetorical vehicle. In M. C. Inhorn & F. v. Balen (Eds.), *Infertility around the globe: New thinking on childlessness, gender, and reproductive technologies* (pp. VIII, 347 s.). Berkeley: University of California Press.
Saravanan, S. (2013). An ethnomethodological approach to examine exploitation in the context of capacity, trust and experience of commercial surrogacy in India. *Philosophy, Ethics, and Humanities in Medicine, 8*(1). doi:10.1186/1747-5341-8-10
Schneider, D. M. (1968). *American kinship: A cultural account*. Englewood Cliffs, N. J.: Prentice-Hall.
Schneider, D. M. (1984). *A critique of the study of kinship*. Ann Arbor, Michigan: University of Michigan Press.
Schrag, Z. M. (2010). *Ethical imperialism: Institutional review boards and the social sciences, 1965–2009*. Baltimore: Johns Hopkins University Press.
Searle-Chatterjee, M., & Sharma, U. (1994). *Contextualising caste: Post-Dumontian approaches* (Vol. 41). Oxford: Blackwell.
Selman, P. (2009). The rise and fall of intercountry adoption in the 21st century. *International Social Work, 52*(5), 575-594. doi:10.1177/0020872809337681
Sengupta, A. (2011). Medical tourism: Reverse subsidy for the elite. *Signs, 36*(2), 312-319. doi:10.1086/655910
Sharma, S. (Writer). (2012). Can we see the baby bump, please? In SAMA (Producer). New Delhi.
Shetty, P. (2012). India's unregulated surrogacy industry. *Lancet, 380*(9854), 1633-1634. doi:http://dx.doi.org/10.1016/S0140-6736(12)61933-3
Sinha, V., & Haimowitz, R. (Writers). (2010). Made in India. In V. Sinha, R. Haimowitz, & E. Heidenreich (Producer). USA/India: Women make movies.
Smerdon, U. R. (2008). Crossing bodies, crossing borders: International surrogacy between the United States and India. *Cumberland Law Review, 39*(1), 15–86.
Smith, G. (2004). Hegemony: Critical interpretations in anthropology and beyond. *FOCAAL, 2004*(43), 99-120.
Spilker, K. H. (2008). *Assistert slektskap: Biopolitikk i reproduksjonsteknologienes tidsalder [Assisted kinship: Biopolitics in the age of reproductive technologies].* (Doctoral thesis), NTNU, Det historisk-filosofiske fakultet, Institutt for tverfaglige kulturstudier, Trondheim.
Spivak, G. C. (1987). *In other worlds: Essays in cultural politics*. New York: Methuen.

Spivak, G. C. (1988). Can the subaltern speak? In C. Nelson & L. Grossberg (Eds.), *Marxism and the interpretation of culture*. Urbana: University of Illinois Press.
Spivak, G. C. (2005). Scattered speculations on the subaltern and the popular. *Postcolonial Studies, 8*(4), 475-486. doi:10.1080/13688790500375132
Stacey, J. (2006). Gay parenthood and the decline of paternity as we knew it. *Sexualities, 9*(1), 27-55. doi:10.1177/1363460706060687
Stark, B. (2011-2012). Transnational surrogacy and international human rights law. *ILSA Journal of International and Comparative Law, 18*(2), 369-386.
Stephenson, C. (2009). Reproductive outsourcing to India: WTO obligations in the absence of US national legislation. *Journal of World Trade: Law, Economics, Public policy, 43*(1), 189-208.
Strathern, M. (1992). *After nature: English kinship in the late twentieth century*: Cambridge University Press.
Strathern, M. (1999). *Property, substance and effect: Anthropological essays on persons and things*. London: Athlone.
Strathern, M. (2005). *Kinship, law and the unexpected: Relatives are always a surprise*. Cambridge: Cambridge University Press.
Sullivan, S., & Tuana, N. (Eds.). (2007). *Race and epistemologies of ignorance*. Albany: State University of New York Press.
Teman, E. (2008). The social construction of surrogacy research: An anthropological critique of the psychosocial scholarship on surrogate motherhood. *Social Science & Medicine, Vol. 67*, 1104-1112.
Teman, E. (2009). Embodying surrogate motherhood: Pregnancy as a dyadic body-project. *Body & Society, 15*(3), 47-69. doi:10.1177/1357034x09337780
Teman, E. (2010). *Birthing a mother: The surrogate body and the pregnant self*. Berkeley, California: University of California Press.
Thompson, C. (2002). Fertile Ground: Feminists theorize infertility. In M. C. Inhorn & F. v. Balen (Eds.), *Infertility around the globe : new thinking on childlessness, gender, and reproductive technologies*. Berkeley: University of California Press.
Thompson, C. (2005). *Making parents: The ontological choreography of reproductive technologies*. Cambridge, Mass.: MIT Press.
Tuana, N. (2006). The speculum of ignorance: The women's health movement and epistemologies of ignorance. *Hypatia, 21*(3), 1-19. doi:10.1111/j.1527-2001.2006.tb01110.x
Twine, F. W. (2011). *Outsourcing the womb: Race, class, and gestational surrogacy in a global market*. New York: Routledge.
Utian, W. H., Sheean, L., Goldfarb, J. M., & Kiwi, R. (1985). Successful pregnancy after in vitro fertilization and embryo transfer from an infertile woman to a surrogate. *N Engl J Med, 313*(21), 1351-1352.
Van den Akker, O. (2003). Genetic and gestational surrogate mothers' experience of surrogacy. *Journal of Reproductive and Infant Psychology, 21*(2), 145-161. doi:10.1080/0264683031000124091
Van Hollen, C. (2003). *Birth on the threshold: Childbirth and modernity in South India*. Berkeley: University of California Press.
Vora, K. (2009). Indian transnational surrogacy and the commodification of vital energy. *Subjectivity*(28), 266–278. doi:10.1057/sub.2009.14
Vora, K. (2011). Medicine, markets and the pregnant body: Indian commercial surrogacy and reproductive labor in a transnational frame. *The Scholar and Feminist Online*, 9.1-9.2. Retrieved from http://sfonline.barnard.edu/reprotech/vora_01.htm

Vora, K. (2013). Potential, risk, and return in transnational Indian gestational surrogacy. *Current Anthropology, 54*(S7), S97-S106. doi:10.1086/671018
Vora, K. (2014). Experimental sociality and gestational surrogacy in the Indian ART clinic. *Ethnos, 79*(1), 63–83.
Vora, K. (2015). *Life support: Biocapital and the new history of outsourced labor*. Minneapolis: University of Minnesota Press.
Waldrop, A. (2004). Gating and class relations: The case of a New Delhi "colony". *City & Society, 16*(2), 93-116. doi:10.1525/city.2004.16.2.93
Waldrop, A. (2012). Grandmother, mother and daughter: Changing agency of Indian, middle-class women, 1908-2008. *Modern Asian Studies, 46*(3), 601-638. doi:10.1017/S0026749X11000448
Wax, M. (1995). Informed consent in applied research: A comment. *Human Organization, 54*(3), 330–331.
Weston, K. (1991). *Families we choose : Lesbians, gays, kinship*. New York: Columbia University Press.
Whittaker, A. (2008). Pleasure and pain: Medical travel in Asia. *Global Public Health, 3*(3), 271-290.
Whittaker, A. (2010). Challenges of medical travel to global regulation: A case study of reproductive travel in Asia. *Global Social Policy, 10*, 396.
Whittaker, A. (2011). Cross-border assisted reproduction care in Asia: Implications for access, equity and regulations. *Reproductive Health Matters, 19*(37), 107-116. doi:http://dx.doi.org/10.1016/S0968-8080(11)37575-1
Whittaker, A. (2015). *Thai in Vitro*. Oxford: Berghahn Books.
Williams, R. (1977). *Marxism and literature*. Oxford: Oxford University Press.
Yanagisako, S. J., & Delaney, C. L. (1995). *Naturalizing power: Essays in feminist cultural analysis*: Routledge.
Yeh, E. T. (2013). *Taming Tibet: Landscape transformation and the gift of Chinese development*. Ithaca, N.Y: Cornell University Press.
Zigon, J. (2007). Moral breakdown and the ethical demand: A theoretical framework for an anthropology of moralities. *Anthropological Theory, 7*(2), 131–150.
Zigon, J. (2008). *Morality : An anthropological perspective*. Oxford: Berg.

Errata

p 6 Dedication moved to page 5

P 14, l 1 erase “error” Bookmark not defined”.

P 26, l 23: remove comma between *kinship* and *more*

P 28 l 9: erase “in my grant applications”

P 29: Remove space between paragraph 1 and 2.

P 29, l 28: insert “of” between *evaluations* and *this*

P30 l 31: “works” replaced with “worked”

P38 l 27: “individual’s” replaced with “individuals’”

P41 l 2: erase “that of”

P41 l21: “surrogate’s” replaced with “surrogates’”

P41 l 28: insert comma between *resistance* and *“the*

P 47, last line: “The first to chapters” replace with “Chapter 2 and 3”

P50: Caption first picture, add "All photos are taken by the author"

P50: Caption second picture: add "in a Mumbai slum colony".

P52 l2: "Numbers" replaced with "number"

P52 l 19: insert “transnational” between *most* and *commissioning*

*P*53 l21: insert comma between *diabetes* and *that.*

P53 l21: erase extra full stop

P55 l1: replace “above” with “in the Introduction”

P56 l5: add “see also” to the citation

P60: insert “and some” before *up until*

P61 l3: insert “to” between *due* and *my*

P61 last line: replace “heterosexual’s” with “heterosexuals’”

P 68 l13: insert “, her husband,” between *Santosh* and *was.*

P68 l17: insert space between comma and “as”.

P68 l22: replace “lIPs” with “lips”

P74 l23: remove “mutual”

P 82 l6: Remove colon between *include* and *the*

P 83 l17: remove “the”

P 83 l17: replace “of” with “from”

P86 l21: insert “for” between comma and *a child*

P86 L25: erase “be”

P87 l11: erase “the framework for”

P87 l24: insert “was” between *adoption* and *not*

P88 l3: erase “in 2004”

P88 l9: erase extra space

P98: insert space between paragraph 2 and 3

P91 l6: erase “naturalization”

P91 l6: insert “i.e.” before *as an*

P93 end of page: erase quotation marks

P99: insert space between paragraph 2 and 3

P99 l25: insert “in this case and” between *illustrated* and *in*

P102 l29: erase «IPs»

106 footnote 51: replace «one exception» with «two exceptions»

P107 l5: erase comme after *culturally*

P111: insert space between paragraph 1 and 2

P112 l3: erase extra space

P113 l9: replace “twin sons” with “son”

P117 l8: replace “i.e.” with “e.g.”

P131 l19: erase “even”

P135 last line: replace “son” with “kids”

P136, l 4: “son” → children

P136 l 8: “deeply”, replace with “deep”

P136 l10: erase «so»

P138: insert space between paragraph 2 and 3

P140 l10: erase comma after “limited”

P140, last paragraph: Add “As previously noted”

P141 l12: “distinctive” replaced with “distinctively”

P148: space between paragraph 1 and 2

P152 l4/5: Erase “In spite of”. Insert commas after *disourses* and *believe*

P156 l16: “Added” replace with “adding”

P157: insert space between paragraphs 3 and 4

P165 l8: Unfamiliarity in italics

P169 l11: replace “surrogate” with “clinic”

P170 l1: footnote after “Poonam”

P176/177: Last paragraph → not italics

P177: insert space between paragraph 3 and 4

P181 l4: erase «although»

P182 l13: footnote number

P185 l28: insert “as” between such and closeness

P187 l4: replace “not knowing” with “unfamiliarity”

P190 l10: footnote number

P191 l3: move “allegedly” in front of “did”

P201 l18: surrogate’s → surrogates’

P202 l6: relinquish → relinquished

P203 l9 “coercion” replaced with “dominance”

P204 l18: citation, authors names outside parenthesis

P211 l2: is replaced with was

P211 l 10: Footnote number

P211 l6: citation, remove authors name

P222 l5: insert “on” after “taxed”

P222 l 5: “A” replaced with “one”

P233 l10: erase “morally”

P233 l17: insert “be” after “could”

P234 l28: regimen → regime

P239 l15: insert “to” after “similar”

P240 l12: illustrated→ illustrates

P240 l29: replace “in which” with “separating”, “and” with “from”

P247 l12> insert " Lata's kids" after "with"

P248l19: "this" replaced with "know"

P248 l28: insert "big brother" after "with"

P249 l20> insert "tailoring" before "job"

P250 l3: erase "local"

p250 l4: replace Scandinavia with "their home country"

P253 l11: erase “Vora, 2015” from first citation

P253 l23: erase “to questioning” – insert “when this”

P253 l24: insert “was questioned after “bond”

P 254 l10: erase sentence “Sarah and Mark are not alone in assigning the central role of genes to personal identity”

P2454 l 11: replace “their” with “Sarah and Mark’s”

P254 l22: erase “Marilyn” from citation

P255 l1: insert “a” after by

P260 l29: erase hyphen

P262 l19: plan →planned

P269 l12 “as” replaced with “than”

P278 l18 insert “and” after “American”

P287 last line: Insert full stop after “either”

P301 l23: Lata → Lata’s

P306 l 1-2: replace hyphens with commas

P307: Footnote: erase from “unlike” and onwards.

P316: footnote 145, insert “a” after “her”

P319 l 19: insert space after citation

P322 l6: erase “an”

P331 l8: insert (…) at the beginning of quote

P337 l1: “is” → was

P339 l10: insert “do” after “to”

P343 l28> skype replaced with Skype